

DEPT.-65

JOB- 28

REEL- 15

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF HEALTH BUREAU OF VITAL
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No.

346

Department:

Health

Bureau:

Vital Statistics

1. TITLE: Certificate of Live Birth				2. Form No. if available		3. Type—(cards, paper, etc.) Bound Book	
4. Dates		5. Volume accumulated yearly		6. Size of Record Misc.		7. Number of copies made	
8. Authorization Requested (check only one (1) of the squares below)							
A. Establish retention period for records which are accumulating daily. <input type="checkbox"/>		B. Dispose of present accumulation, no additional accumulation anticipated. <input type="checkbox"/>		C. Microfilm and destroy originals. <input type="checkbox"/>		D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/> 70 yrs.	
9. Recommended Retention Period							
a. In Dept. 70 yrs.		b. In Storage Center Micro. Perm.		c. Total and Micro. Perm.		10. Equipment and space freed.	
						11. In your opinion does this record have any historical significance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)							

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes. Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Title:

Robert E. Farber
Commissioner of Health

3/28/63
Date

13. Recommended Retention Period				14. Disposal Method			
a. In Dept. 70 yrs.		b. In Storage Center Microfilm Permanent		c. Total and Microfilm Permanent		d. To be sold as scrap or waste paper <input type="checkbox"/>	
						e. To be burned or shredded <input checked="" type="checkbox"/>	
						f. Historical; (to be transferred to Dept. of Legislative Reference) <input type="checkbox"/>	
REMARKS: <i>2 negative rolls + 1 positive roll</i>							
				Records Management Officer: <i>C. P. Toole</i> 3/28/63 Date			

APPROVALS OF RECORDS DISPOSAL COMMITTEE

NUMBER RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

RETURN OF A BIRTH 61866

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Birth*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *Wet*

3. Date of Birth, *28 Februar 23*

4. Place of Birth, (Street and Number) *Wolffstreet 1898*

5. Full Name of Mother, *Anna Weiss*

6. Mother's Maiden Name, *" " Grunling*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Karl Weiss*

9. Father's Occupation,

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Lombardstreet 1898*

Address,

Remarks, *Mrs. Maurer*

RETURN OF A BIRTH

61867

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 2,

1. Sex, (state whether male or female)

Male

1873
2
1833

2. Race or Color, (if not of the white race)

3. Date of Birth,

23 February

4. Place of Birth, (Street and Number)

98 Gramberry street

5. Full Name of Mother,

Baroline Allen

6. Mother's Maiden Name,

Bernmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Allen

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

61868

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

2
1833

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

23 February

4. Place of Birth, (Street and Number)

121 S. Ceter street

5. Full Name of Mother

Annie Conser

6. Mother's Maiden Name

Bosgar

7. Mother's Birthplace

Itala

8. Full Name of Father

Johnnie Conser

9. Father's Occupation

Musicians

10. Father's Birthplace

Itala

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address

72 C. Somilard street

Remarks

RETURN OF A BIRTH

1869

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

23 February

4. Place of Birth; (Street and Number)

62 Albemarle street

5. Full Name of Mother,

Pauline Birkenstock

6. Mother's Maiden Name,

Grief

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Birkenstock

9. Father's Occupation,

Painter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

1890

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Brown complexion*
3. Date of Birth, *February 23rd 1883*
4. Place of Birth, (Street and Number) *95. Hargrove St.,*
5. Full Name of Mother, *Mary Johnson*
6. Mother's Maiden Name, *Batty*
7. Mother's Birthplace, *Prince-george Co. Md.,*
8. Full Name of Father, *William Johnson*
9. Father's Occupation, *Cteredore*
10. Father's Birthplace, *Richmond Va.,*
- Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson.*
- Address, *6 Hamilton St.,*
- Remarks,

RETURN OF A BIRTH 61871

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

MAR.
2
1893

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 23, 1892

4. Place of Birth, (Street and Number) South Park Street No. 102

5. Full Name of Mother, John Marie Foster

6. Mother's Maiden Name, Joh. W. Land

7. Mother's Birthplace, Germania

8. Full Name of Father, Ernst Eduard Foster

9. Father's Occupation, Paper Cattleman

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return, Dr. J. M. M. M.

Address, Sweetwater, Ill.

Remarks,

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

61872

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

colored

4. Date of Birth,

February 23d

5. Place of Birth, (Street and Number)

no 128 hill st

6. Full Name of Mother,

Riskey dillen

7. Mother's Maiden Name,

Riskey dillen

8. Mother's Birthplace,

Baltimore. thomas goldberry

9. Full Name of Father,

costom. house Bal t

10. Father's Occupation,

Baltimore md

11. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes the return

Mrs Lydia Porter

Address.

no 4 patpsco avenue

Remarks.

healthy child

RETURN OF A BIRTH

61873

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February the 23rd 1874

4. Place of Birth, (Street and Number)

Pais st No 62

5. Full Name of Mother,

Margaret Smith

6. Mother's Maiden Name,

Margaret Rice

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter Rice

9. Father's Occupation,

Butcher

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Miss S. Kelly

Address,

No 792 Pratt st

Remarks,

RETURN OF A BIRTH

61874

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

FEB
27
1883

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *February 23 - 1883*
4. Place of Birth, (Street and Number) *20 Columbia St*
5. Full Name of Mother, *Carolina Heckel*
6. Mother's Maiden Name, *Carolina Haas*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Gottlieb Heckel*
9. Father's Occupation, *Harness maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. Vanigumda Schlifer*
- Address, *20 Columbia St.*
- Remarks,

RETURN OF A BIRTH

1870

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

FEB 23 1871

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 23rd 1870*

4. Place of Birth, (Street and Number) *69 Granby St*

5. Full Name of Mother, *Laura Ann Bond*

6. Mother's Maiden Name, *McDonald*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Alexander Bond*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *W. H. Zippendoffen M.D.*

Address, *High St*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

born. In or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1896

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 28, 1893

4. Place of Birth, (Street and Number)

12 E. Walnut Street R. 8

5. Full Name of Mother,

Mary Denton

6. Mother's Maiden Name,

Mary Beck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Rufus Denton

9. Father's Occupation,

Catched

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
make this Return

Dr. A. E. ...

Address,

395 ...

Remarks,

U.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

61877

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

FEB
24
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *23rd Feb*

4. Place of Birth (Street and Number) *245 St Paul St*

5. Full Name of Mother *Catharine Neal*

6. Mother's Maiden Name *Catharine Brunk*

7. Mother's Birthplace *Charles Co. Md*

8. Full Name of Father *Francis H Neal*

9. Father's Occupation *Merchant*

10. Father's Birthplace *St Mary Co. Md*

Name of Medical Attendant, or other Person who makes this Return. *Thos J Murdock M.D.*

Address *800 Read St*

Remarks

within six days thereafter, filling distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23rd February 1883

4. Place of Birth, (Street and Number)

No 79 Johnson St

5. Full Name of Mother,

Liza Kunk

6. Mother's Maiden Name,

Liza Schuster

7. Mother's Birthplace,

Berlin

8. Full Name of Father,

Peter Kunk

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Balan

Name of Medical Attendant, or other Person who makes this Return

Sabina L. Schuster

Address,

No 125 W 20th St

Remarks,

0

RETURN OF A BIRTH

61879

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

February 23rd

4. Place of Birth, (Street and Number)

No 128 S. Howard St

5. Full Name of Mother,

Hebbie Roberts

6. Mother's Maiden Name,

Hebbie Roberts

7. Mother's Birthplace,

North Hampton County, Va

8. Full Name of Father,

Henry Roberts

9. Father's Occupation,

Sell in Market

10. Father's Birthplace,

North Hampton, Va

Name of Medical Attendant, or other Person who makes this Return

Mary Birney

Address,

51. Leadenhall Street

Remarks,

Mother is well also the Child

RETURN OF A BIRTH

61880

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

23d February 1883

4. Place of Birth, (Street and Number)

Baltimore Perry Street 65

5. Full Name of Mother,

Martha Ann Williams

6. Mother's Maiden Name,

Martha Ann Bias

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Lebanus Williams

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Howard County Md

Name of Medical Attendant, or other Person who makes this Return

Mary Primrose

Address,

51 Dover Street Baltimore

Remarks,

Infant getting on as well as can be expected

On this certificate, and the return filed of the mother of which child of children.

RETURN OF A BIRTH

61881

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR 1 1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *23rd of February*
4. Place of Birth, (Street and Number) *183 Madryra Alle.*
5. Full Name of Mother, *Eva Becker*
6. Mother's Maiden Name, *= Vandraf*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Philip Becker*
9. Father's Occupation, *A. Schuchter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *E. Behnken Midwife*
or other Person who makes this Return.
- Address, *54 Essex St.*
- Remarks,

RETURN OF A BIRTH

6-1882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

FEB
29
1882

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *There is 1 children*

2. Sex, (state whether male or female) *male*

3. Race or Color, (if not of the white race) *Collored*

4. Date of Birth, *23 Feb 1882*

5. Place of Birth, (Street and Number) *29 Walnut alx*

6. Full Name of Mother, *allos smidth*

7. Mother's Maiden Name, *allos smidth*

8. Mother's Birthplace, *swid's river*

9. Full Name of Father, *Garfias wilson*

10. Father's Occupation, *Labor*

11. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *clary an mason*

Address, *31 Walnut alx*

Remarks, *Healthy*

RETURN OF A BIRTH *1883*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex. (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Feb 23rd 1883*

4. Place of Birth, (Street and Number) *No 11 Elliot St*

5. Full Name of Mother. *Lena Christensen*

6. Mother's Maiden Name. *Geist*

7. Mother's Birthplace. *Baltimore*

8. Full Name of Father. *Thomas Christensen*

9. Father's Occupation. *Funk Dealer*

10. Father's Birthplace. *Denmark*

Name of Medical Attendant, or other Person who makes this Return *Mr. Gehlke*

Address. *No 56 S. Bond St*

Remarks.

RETURN OF A BIRTH

1884

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 23rd 1883

4. Place of Birth, (Street and Number)

Baltimore Columbia Ave. 11810

5. Full Name of Mother

Mary Geoble

6. Mother's Maiden Name,

Fisher

7. Mother's Birthplace,

Virginia

8. Full Name of Father

George Geoble

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o. 58 Parkin St.

Remarks,

RETURN OF A BIRTH

61881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child *Brice H. Barnes*
 No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *7th*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Feb. 23rd 1883*
 4. Place of Birth, (Street and Number) *Baltimore Parkin st. No. 104*
 5. Full Name of Mother *Mary Barnes*
 6. Mother's Maiden Name, *Hardy*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Brice Barnes*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Mitchell*
 Address, *No. 38 Parkin st.*
 Remarks,

RETURN OF A BIRTH

61886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
5
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 23rd 1883

4. Place of Birth, (Street and Number)

Hampden & Johnson St
Ellen W. Harman

5. Full Name of Mother,

6. Mother's Maiden Name,

Freuburger
Washington D.C.

7. Mother's Birthplace,

8. Full Name of Father,

John W. Harman
Butcher

9. Father's Occupation,

10. Father's Birthplace,

Baltimore City
Sheldon Cooke M.D.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

1887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

2. Sex, (state whether male or female) *Male*

3. Race or Color, (if not of the white race) *White*

4. Date of Birth, *Feb 24th 1883*

5. Place of Birth, (Street and Number) *68 E. Chase St.*

6. Full Name of Mother, *Angelina Dehoff*

7. Mother's Maiden Name, *Howard*

8. Mother's Birthplace, *Pennsylvania*

9. Full Name of Father, *Samuel Dehoff*

10. Father's Occupation, *Carpenter*

11. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Salaz W. Hunter M.D.*

Address *36 Greenmount Ave.*

Remarks.

RETURN OF A BIRTH *1888*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Birth*

1. Sex, (state whether male or female) *Boi*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27 February*

4. Place of Birth, (Street and Number) *Lombard Street No 381*

5. Full Name of Mother, *Theresa Limkoler*

6. Mother's Maiden Name, *" " Heine*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward Limkoler*

9. Father's Occupation, *Schuhmacher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Lombard Street No 218*

Address, *Mrs. Maures*

Remarks, _____

RETURN OF A BIRTH *61889*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Ninth (9)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 24 1883*

4. Place of Birth, (Street and Number) *No 15 Barnes St*

5. Full Name of Mother, *Barbara Nosek*

6. Mother's Maiden Name, *" Mrs Rosil*

7. Mother's Birthplace, *Waldorf Bohemia*

8. Full Name of Father, *Thomas Nosek*

9. Father's Occupation, *Fisherman*

10. Father's Birthplace, *Polson Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Josephina Rensard*

Address, *No 20 Barnes St*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

24 February

4. Place of Birth, (Street and Number)

44 Chew Street

5. Full Name of Mother,

Lora Hooper

6. Mother's Maiden Name,

Hain

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Hooper

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Sarah Casper

Address,

72 E. Lombard Street

Remarks,

RETURN OF A BIRTH 61891

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 24 February 1883

4. Place of Birth, (Street and Number) 265 Gay St.

5. Full Name of Mother, Barbara Levi

6. Mother's Maiden Name, Appel

7. Mother's Birthplace, Baden

8. Full Name of Father, Joseph Levi

9. Father's Occupation, Dry Goods Store

10. Father's Birthplace, Hessen Europe

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Albry
48 7th and
Holland Street
Baltimore

RETURN OF A BIRTH

61892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 24. of February 1883

4. Place of Birth, (Street and Number) 22 N. Front St.

5. Full Name of Mother, Caroline Southcomb

6. Mother's Maiden Name, Caroline Thompson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James L. Southcomb

9. Father's Occupation, Wire Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Walter

Address, 125 N. Caroline St.

Remarks,

RETURN OF A BIRTH

61893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Feb. 24th 1883

4. Place of Birth, (Street and Number)

Baltimore Columbia Ave. No. 241

5. Full Name of Mother

Mary Swatz

6. Mother's Maiden Name,

Kneel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Antonia Swatz

9. Father's Occupation,

Leg. - Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parlin St.

Remarks,

36

RETURN OF A BIRTH

1894

To, the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Male

FEB
27
1894

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 24. 1893

4. Place of Birth, (Street and Number)

63 Fairmount Ave. D

5. Full Name of Mother,

Mrs. Sarah C. Wild

6. Mother's Maiden Name,

Miss " Herring

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Henry Charles Wild

9. Father's Occupation,

Corn. Ironworks

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

G. C. Ruck, M.D.

Address,

Balt. & Wash. St.

Remarks,

Natural

RETURN OF A BIRTH

61895

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2nd
Male
White
Feb 24 1883
110 E. Monument
Mollie Sullivan
" Birmingham
Baltimore Md
Frederic Sullivan
Teacher
Baltimore
Baltimore Md
J. Sheel Wood
14 S N E. St. St.

RETURN OF A BIRTH

61896

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 24 1883

4. Place of Birth, (Street and Number)

378 Little Alice Lane B

5. Full Name of Mother,

Sophia Rumer

6. Mother's Maiden Name,

Butler

7. Mother's Birthplace,

City

8. Full Name of Father,

John Jernin

9. Father's Occupation,

Labourer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Butler

Address,

120 Bank St B

Remarks,

RETURN OF A BIRTH

61897

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

FEB
26
1893

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st Child.*

1. Sex. (state whether male or female) *Boy.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24th of February 1888.*

4. Place of Birth, (Street and Number) *491 East Monument St.*

5. Full Name of Mother, *Albena East.*

6. Mother's Maiden Name, *Albena Oster.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Nicklas Oster.*

9. Father's Occupation, *Cigar maker.*

Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel.*

Address, *11 North Chapel St. per Christina Kunkel.*

Remarks, *Healthy.*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

61898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Feb. 24/88

4. Place of Birth, (Street and Number)

1025 E. Washington

5. Full Name of Mother,

Kate A. Corbin

6. Mother's Maiden Name,

Label

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm. D. Corbin

9. Father's Occupation,

Mariner

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. L. Williams

Address,

Remarks,

State, as far as their physical condition, whether ill, born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61899

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Feb. 24 - 1883*
4. Place of Birth, (Street and Number) *145 E Pratt St*
5. Full Name of Mother, *Mary Dressel*
6. Mother's Maiden Name, *Hoffman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Elias Dressel*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Steiny*
- Address, *151 E. Pratt St.*
- Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61900

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 24 - 1883

4. Place of Birth, (Street and Number)

116 N. Central St.

5. Full Name of Mother,

Lilla Liebert

6. Mother's Maiden Name,

Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrich Liebert

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Henry Steine

Address,

151 E. Pratt St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61901

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *24 of February*

4. Place of Birth, (Street and Number) *115 Pennsylvania Avenue*

5. Full Name of Mother, *Sarah Martin*

6. Mother's Maiden Name, *Sarah Drueck*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Andrew Martin*

9. Father's Occupation, *School*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mrs. E. A. Sadler*
or other Person who makes this Return.

Address, *No 4 New Street*

Remarks,

RETURN OF A BIRTH

61902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 24, 1883.

4. Place of Birth, (Street and Number)

Car Patterson Lane near Calhoun St.

5. Full Name of Mother,

Mary Minigew

6. Mother's Maiden Name,

Mary Samuels

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Robert Minigew

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Co., Md.

Name of Medical Attendant, or other Person who makes this Return

D. Edw. Jamney M.D.
242 W. Eutaw St.

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

61903

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
Feb 24 1883

26 Johnson St
Sarah J. Seward
Sarah J. Harrison

City
John Seward
Sail Maker

City
W. B. Noble, M.D.
50 Hanover

of the parents, and the maiden name of the mother of such child or children."

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH, 61904

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.) 2d 24
Whether male or female female
Race, (if not of the white race) white race
Month, (Street and Number) February 24th
Address (Street and Number) Baltimore 34th St No 52
Name of Mother Mary Steinbark
Residence of Mother Mary Steinbark
Place of Birth of Mother Ireland
Name of Father Charles Steinbark
Occupation of Father Labour
Place of Birth of Father Germany
Medical Attendant, or other Person who makes this return. Elizabeth Hutchinson
William St No 344

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61905

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 24

1885

4. Place of Birth (Street and Number) 184 S. E. Ave.

5. Full Name of Mother Anna G. G. G.

6. Mother's Maiden Name Anna G. G.

7. Mother's Birthplace Baltimore

8. Full Name of Father John G. G.

9. Father's Occupation Fire Alarm Maker

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Samuel G. G. G.

Address 996 Baltimore Street

Remarks

RETURN OF A BIRTH

61906

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1906
10
1906

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 24, 1883

4. Place of Birth, (Street and Number)

190 Lawrence St

5. Full Name of Mother,

Leah Sarah Walters

6. Mother's Maiden Name,

West

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Joseph F. Walters

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewster M.D.

Address,

68 N. Enoch St

Remarks.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61907

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

5th

Male

White

Feb. 23, 1873

98 E. Eager St.

Lizzie M. Lee

Cassidy

Irish

Patrick M. Lee

Blacksmith

Irish

Silas W. Hunter, M.D.

36 Commercial Ave

RETURN OF A. BIRTH *61901*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

25 February 1878

3. Date of Birth,

Sheffel Street No.

4. Place of Birth, (Street and Number)

Ruth Bitterlich

5. Full Name of Mother,

" " Lumsden

6. Mother's Maiden Name,

Washington

7. Mother's Birthplace,

Frederick B. Wick

8. Full Name of Father,

Kammaga

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Lombard Street No. 275

Name of Medical Attendant, or other Person who makes this Return

Address,

Dr. M. M. Mours

Remarks,

of the parents, and the maiden name of the mother of such child or children.

31

RETURN OF A BIRTH

61909

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1897
2
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 February

4. Place of Birth, (Street and Number)

24 S. Lombard street

5. Full Name of Mother,

Anna Rhudolf

6. Mother's Maiden Name,

Butta

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Rhudolf

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 S. Lombard street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61910

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 25th 1881*

4. Place of Birth, (Street and Number) *13 Clay St.*

5. Full Name of Mother, *Mary Richardson*

6. Mother's Maiden Name, *Ward*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John Richardson*

9. Father's Occupation, *Croon*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St.*

Remarks.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

67911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

4th
Female
White
February 25/83
157 S. Eden St
Katharine Engel
Ritz
Germany
Engelbert Engel
Schornhauser
Germany
Mrs Louise Kraus
26 Canton Ave

RETURN OF A BIRTH

61912

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR 2 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23rd February 1883

4. Place of Birth, (Street and Number)

245 Bank Street

5. Full Name of Mother,

Mary E. Diver

6. Mother's Maiden Name,

Mary E. Johnson

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

William Diver

9. Father's Occupation,

Engineer

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah Sellers

Address,

104 Barclay Street (rents)

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61913

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5th)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 25, 1883.

4. Place of Birth, (Street and Number)

156 Harford Ave

5. Full Name of Mother.

Louisa Wilcox

6. Mother's Maiden Name,

Rugg

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Peter E Wilcox

9. Father's Occupation,

Butcher

10. Father's Birthplace.

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Regina A Winter

Address,

186 Harford Ave

Remarks,

of the mother, and the married name of the mother of said child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

61914

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAR
2
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth February 25th 1883

4. Place of Birth, (Street and Number) 176 1/2 Eastern Avenue

5. Full Name of Mother Mary E. Collins

6. Mother's Maiden Name Mary E. Shillhouse

7. Mother's Birthplace Washington City, D. C.

8. Full Name of Father John Collins

9. Father's Occupation Shoe Maker

10. Father's Birthplace Washington City, D. C.

Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Cathell, D.

Address 217 S. Broadway

Remarks _____

RETURN OF A BIRTH

61915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR
2
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 23-1883

4. Place of Birth, (Street and Number)

396 E. Balt. St.

5. Full Name of Mother,

Mrs. Sarah Jane Constantine

6. Mother's Maiden Name,

Ms. " " Freeman

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Capt. David Constantine

9. Father's Occupation,

Contractor

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

D. Greenville, Rush B. D.

Address,

Balt. & Washington Sts.

Remarks,

John E.

of the parents, and the maiden name of the mother of each child of children.

RETURN OF A BIRTH *61916*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 25*

4. Place of Birth, (Street and Number) *St. Vincent & DuPont Asylum*

5. Full Name of Mother

6. Mother's Maiden Name, *Josephine Harris*

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

Director of Charity

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

61917

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 25th 1883

4. Place of Birth, (Street and Number)

22 Stockholm

5. Full Name of Mother,

Sarah Knit

6. Mother's Maiden Name,

Sarah Acker

7. Mother's Birthplace,

New York City

8. Full Name of Father,

William Knit

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Canada

Name of Medical Attendant, or other Person who makes this Return

Prof. Munn

Address,

1 Landonfill St.

Remarks,

RETURN OF A BIRTH

61918

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

FEB
27
1893

of the parent, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 26 Feb. 1883.

4. Place of Birth, (Street and Number) 46 Holland St.

5. Full Name of Mother, Jennie Thompson

6. Mother's Maiden Name, " Mason

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Robert Thompson

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or Other Person who makes this Return

Mrs Rosa Alden
48 Holland St

Address,

Remarks,

RETURN OF A BIRTH

64919

To the Office of Registrar of Vital Statistics, Board of Health,

8 BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

1. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

FEB 12 1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White German

3. Date of Birth,

Feb 25 - 83.

4. Place of Birth, (Street and Number)

Maternity Hospital 161 W Lombard

5. Full Name of Mother,

Catharine Weaver

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Germany

8. Full Name of Father,

✓

9. Father's Occupation,

✓

10. Father's Birthplace,

✓

Name of Medical Attendant,

or other Person who makes this Return

W. P. Mc Intosh M.D.

Address,

Maternity Hospital

Remarks,

161 W Lombard St
Balto Md

RETURN OF A BIRTH *61920*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2^d, 3^d, &c.) *the 03*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *the 25th of Feb*

4. Place of Birth, (Street and Number) *No. 41 S. High*

5. Full Name of Mother, *Ellen Ward*

6. Mother's Maiden Name, *Ellen Mahon*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *James Mahon*

9. Father's Occupation, *Cott. house*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *Mr. C. S. L. Sauer*

Remarks, *175 Harford av*

FEB
12 22
1883

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

57921

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

If the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 25th 1893*

4. Place of Birth, (Street and Number) *17 N. Calhoun St.*

5. Full Name of Mother, *Carrie E. Hill*

6. Mother's Maiden Name, *Carrie E. Roberts*

7. Mother's Birthplace, *Primer Township, Cal. Ind.*

8. Full Name of Father, *Amos F. Hill*

9. Father's Occupation, *Physician*

Father's Birthplace, *Primer Township, Cal. Ind.*

Name of Medical Attendant, or other Person who makes this Return *Amos F. Hill M.D.*

Address, *17 N. Calhoun St.*

Remarks,

RETURN OF A BIRTH 61922

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Thurs
Female

Color
Feb 25/23

44 Cedar Alley
Anne Joh

Annie Miller
Virginia

George W. Joh
Barber

Maryland
Mrs. Annie Johnson

No 94 Taylor St

RETURN OF A BIRTH

61923

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Wm.
5
1893

Child of Mother, (state whether 1st, 2nd, 3rd, etc.)

1 Sex, (state whether male or female)

2 Race or Color, (if not of the white race)

3 Date of Birth,

4 Place of Birth, (Street and Number)

5 Full Name of Mother,

6 Mother's Maiden Name,

7 Mother's Birthplace,

8 Full Name of Father,

9 Father's Occupation,

10 Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

February 25th 1893

74 Parkin St

Mrs. Flannagan

" Mochan

Ireland

Michael Flannagan

Labourer

Ireland

A. L. Spencer
387 W. Calver St

of the parents, to the married name of the mother if such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 25th 1883

4. Place of Birth, (Street and Number)

No 43 James Alley

5. Full Name of Mother,

Clouette Kronberg

6. Mother's Maiden Name,

Soll

7. Mother's Birthplace,

America

8. Full Name of Father,

William Kronberg

9. Father's Occupation,

Boysmaker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schussner midwife

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH

61925

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 26th 1883

4. Place of Birth, (Street and Number)

Washington St. Baltimore

5. Full Name of Mother,

Louisa Murphy

6. Mother's Maiden Name,

Louisa O'Donoghue

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John A. Murphy

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hannah Knicker

Address,

130 South Caroline St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61926

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5* *George Siedling*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 26th 1883*

4. Place of Birth, (Street and Number) *No 27, Bevan St Baltimore*

5. Full Name of Mother, *Sophia Cathern Siedling City*

6. Mother's Maiden Name, *Sophia Cathern Beck*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John Fredrick Henry Siedling*

9. Father's Occupation, *Box Maker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. King*

Address, *Lawrenceville St*

Remarks, *1-6-54*
him

RETURN OF A BIRTH

61927

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
2
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 26 1883

4. Place of Birth, (Street and Number)

Harford av at Biddle St

5. Full Name of Mother,

Eliza J. Edie

6. Mother's Maiden Name,

Eliza J. Cox

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Saml. T. Edie

9. Father's Occupation,

Produce Dealer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes the Return.

W. H. H. H.

Address,

143 N Charles St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *61928*

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *26 Feb.*

4. Place of Birth, (Street and Number) *19 N^e Elders Street Baltimore*

5. Full Name of Mother, *Maggie Rosenthal*

6. Mother's Maiden Name, *Tillman*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *August Rosenthal*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Hanover Europe*

Name of Medical Attendant, or other Person who makes this Return *Mrs Rosenthal*

Address,

Remarks,

of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

61929

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

26 Feb. 1883

4. Place of Birth, (Street and Number)

10 Carverton Road

5. Full Name of Mother,

Mrs. Syner

6. Mother's Maiden Name,

Marie Picie

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

John M. Syner

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other Person

Mrs. Miller

Address

1047

Remarks

of the person, and the full name of the mother of such child or children.

RETURN OF A BIRTH

61930

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1272
1930

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Negro

3. Date of Birth,

July 26th 1930

4. Place of Birth, (Street and Number)

Maternity Hosp't 161 W Lombard St
Charlotte Hollbrook

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore - Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Dr Thomas M.D.
161 W Lombard St
Maternity Hospital

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

61931

FEB
27
1893

the full name, and the married name of the mother (or sister or other rel.).

- Remarks, Dred one hour after birth then in an ~~unusual~~
not one event. I had a fine and very weak

RETURN OF A BIRTH *61932*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 26th 1883*

4. Place of Birth, (Street and Number) *28 Wilson St.*

5. Full Name of Mother, *Mary K. Rosp.*

6. Mother's Maiden Name, *Kenney*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Patrick Rosp.*

9. Father's Occupation, *Couch Washer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return

Address, *W. Christian M.D.*

Remarks, *431 Kenne. Ave.*

RETURN OF A BIRTH

61932

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Feb. 26, 1883

4. Place of Birth, (Street and Number)

149 Jefferson St

5. Full Name of Mother,

Liddie Benson

6. Mother's Maiden Name,

Liddie Fisher

7. Mother's Birthplace,

Friedrich

8. Full Name of Father,

George Fisher

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Friedrich

Name of Medical Attendant, or other Person who makes this Return

Gucindia Woolford

Address,

130 N Register St

Remarks,

RETURN OF A BIRTH

6193d

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Feb 26 1883

4. Place of Birth, (Street and Number)

148 Mulberry St

5. Full Name of Mother,

Martha Thomas

6. Mother's Maiden Name,

Martha Boy

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John Thomas

9. Father's Occupation,

Crozier Street

10. Father's Birthplace,

Annisland

Name of Medical Attendant, or other Person who makes this Return

Lucinda Harford

Address,

130 N. Regent

Remarks,

RETURN OF A BIRTH

61935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1883

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 26th*
4. Place of Birth, (Street and Number) *44 Baker St*
5. Full Name of Mother, *Sarah Talbott*
6. Mother's Maiden Name, *Sarah Soper*
7. Mother's Birthplace, *Calvert County Md*
8. Full Name of Father, *John Talbott*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Calvert County Md*
- Name of Medical Attendant, or other Person who makes this Return *Th. S. Owens*
- Address *No 57 N. Paer St*
- Remarks

RETURN OF A BIRTH

64936

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR 1936

of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Feb. 20/36

4. Place of Birth, (Street and Number)

1718 N. Washington

5. Full Name of Mother,

Marie M. Murphy

6. Mother's Maiden Name,

John A. Murphy

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John C. Murphy

9. Father's Occupation,

Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

L. J. [Signature]
J. [Signature]

Address.

Remarks.

to be filled in by the Registrar of Vital Statistics

RETURN OF A BIRTH

61937

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 26th

4. Place of Birth, (Street and Number)

206 Prince St

5. Full Name of Mother,

Caroline Buchanan

6. Mother's Maiden Name,

Bartholomew

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Buchanan

9. Father's Occupation,

Superintendent

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Garrison

Address,

2111 Grand St

Remarks,

RETURN OF A BIRTH

61935

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 26

4. Place of Birth, (Street and Number)

St. 66 Mc. Henry St

5. Full Name of Mother,

Louise Gatz

6. Mother's Maiden Name,

Hamillacher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

G. F. Gatz

9. Father's Occupation,

Valuer work

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

of other Person who makes this Return

Dr. J. P. Simon

Address,

117 10th Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 26th 1883

4. Place of Birth, (Street and Number)

12th S Register St

5. Full Name of Mother.

Susie Peterson

6. Mother's Maiden Name.

Attwell

7. Mother's Birthplace,

Orto

8. Full Name of Father,

Wm Peterson

9. Father's Occupation,

Mariner

10. Father's Birthplace.

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Batz

Address,

120 Bank St

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61940

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro

3. Date of Birth Feb. 26th 1883

4. Place of Birth (Street and Number) No 46 Oxford St.

5. Full Name of Mother Emma Marshall

6. Mother's Maiden Name

7. Mother's Birthplace Balto. City

8. Full Name of Father Unknown

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant or other Person who makes this Return. F. B. Gardner, M. D.

Address 120 N. Greene St.

Remarks (Illegitimate)

RETURN OF A BIRTH 61941

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 24th 1883

4. Place of Birth, (Street and Number)

776 N. Ball St

5. Full Name of Mother,

Kate Mason

6. Mother's Maiden Name,

7. Mother's Birthplace,

Accomac Co. Va.

8. Full Name of Father,

Zora Mason

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Eastern Shore (Queen Anne) Va.

Name of Medical Attendant,

or other Person who
makes this return

Amman & Hill M.D.

Address.

17. N. Calhoun St.

Remarks.

RETURN OF A BIRTH.

61942

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

White City #16
Alice Hamilton

James Black

Salie Pennington
#94 Gabor St
Baltimore

5-3-42
4/24
185

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 2nd 1884

4. Place of Birth, (Street and Number)

Baltimore Parkin. St. No. 72

5. Full Name of Mother,

Ellen Scott

6. Mother's Maiden Name,

Wilkinson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Scott

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Whitfield

Address,

No. 38 Parkin. St.

Remarks,

RETURN OF A BIRTH

67944

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 24 1883

4. Place of Birth, (Street and Number)

83 S. Poppleton St

5. Full Name of Mother,

Ellen McAniff

6. Mother's Maiden Name,

Ellen Fitzgerald

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James McAniff

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

W. J. Dickson
307 W. Lombard St

Address,

Remarks,

RETURN OF A BIRTH *6.1945*

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

1. *Child of Mother* (state whether 1st, 2d, 3d, &c.) *4th child*
2. Sex, (state whether male or female) *male*
3. Race or Color, (if not of the white race) *Color child*
4. Date of Birth, *The 26 of February*
5. Place of Birth, (Street and Number) *61 Park Street 1853*
6. Full Name of Mother, *Emma White*
7. Mother's Maiden Name, *Emma Farer*
8. Mother's Birthplace, *Pennsylvania*
9. Full Name of Father, *Jacobs Farer*
10. Father's Occupation, *Cyber Shop*
11. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Willie Jones*
- Address, *122 plummer*
- Remarks,

RETURN OF A BIRTH

61946

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 26th 1883

4. Place of Birth, (Street and Number)

No 224 Sec st.

5. Full Name of Mother,

Catharine Fromm

6. Mother's Maiden Name,

Shallman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Theodor Fromm

9. Father's Occupation,

Wursthacker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife
380 Hanover st

Address,

Remarks,

the parents, and the maiden name of the mother in such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61947

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *February 26*
4. Place of Birth (Street and Number) *Baltimore Ridgely St. No 118*
5. Full Name of Mother *Lusia C. Bradley*
6. Mother's Maiden Name *Lusia C. Manning*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *William Bradley*
9. Father's Occupation *Machineist*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *New M. Shaffer*
- Address *114 Ridgely St*
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 27, 1883

4. Place of Birth (Street and Number) 134. Hamburg St.

5. Full Name of Mother Anna Meyers

6. Mother's Maiden Name Anna Henkel

7. Mother's Birthplace Baltimore

8. Full Name of Father Frederick Meyers

9. Father's Occupation Box Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary R. Easton

Address 134. Hamburg St.

Remarks Living Well

condition, whether still born or not, the full name, address, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

1949

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

May 7 1949

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 18 Jackson St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Christina Lane

6. Mother's Maiden Name

Epping

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Jacob Lane

9. Father's Occupation

Tailor Shopper

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Fennell

Address

28. Short Ave

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parent, and the name of the mother of such child or children.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

61950

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR 2 1883

born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 27th 1883

4. Place of Birth (Street and Number)

83 McCollough St

5. Full Name of Mother

Augusta Fisher

6. Mother's Maiden Name

Augusta McIntire

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

Howard Fisher

9. Father's Occupation

Lawyer

10. Father's Birthplace

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

E. Laverley M.D.

Address

289 W. Fayette St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH *61952*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
2
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *21st July*

4. Place of Birth, (Street and Number) *10200 South Charles Street*

5. Full Name of Mother, *Mary Clark*

6. Mother's Maiden Name, *Mary Dietz*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Geo. H. Rude*

9. Father's Occupation, *Cabinet Maker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. Munn*

Address, *Laurel Hill St.*

Remarks,

RETURN OF A BIRTH

61913

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

FEB
28
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

African

3. Date of Birth,

Feb 27th

4. Place of Birth, (Street and Number)

2 Arch St.

5. Full Name of Mother,

Emily Myers

6. Mother's Maiden Name,

Emily Behn

7. Mother's Birthplace,

Cambridge Mass.

8. Full Name of Father,

Isaac Myers

9. Father's Occupation,

Wholesale Dealer Baltimore City.

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Anne Levyman

Address,

34. Boyd St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

9

RETURN OF A BIRTH

61954

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

FEB
29
1883

Female

Wt.

Feb. 17 - 1883

64 George St

Isabella Lucretia Hachtel

Lucretia

Belle

Geo. A. Hachtel

Book

Waco

E. Winstan

28 W. Carroll St

RETURN OF A BIRTH

61950

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 27th 1883

4. Place of Birth, (Street and Number)

No. 238 S Broadway

5. Full Name of Mother,

Minnie Schneider

6. Mother's Maiden Name,

" Steffer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Heinrich Schneider

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs E. Cizak 18 St

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

61956

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

101
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

27th February 1893

4. Place of Birth, (Street and Number)

188 1/2 Montgomery

5. Full Name of Mother,

Eda M. Howell

6. Mother's Maiden Name,

Massie

7. Mother's Birthplace,

Winchester, Ind.

8. Full Name of Father,

Summerfield Howell

9. Father's Occupation,

Clark

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

H. W. Webster, M.D.

Address,

87 Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

the second

male

colored

Feb 27 1888

135 Hammond Lane

Mary Lizy Hall

Calbart Co

Charlotte

258 Raboy St

none

RETURN OF A BIRTH

61958

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, 27th Feb.

4. Place of Birth, (Street and Number) No 30 S. Bethel St

5. Full Name of Mother, Elizabeth Klotz

6. Mother's Maiden Name, Frank

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Klotz

9. Father's Occupation, Sugar maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Goetzke

Address, 35 South Bond

Remarks,

of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

61959

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1893

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Feb 27th

4. Place of Birth, (Street and Number)

95 Ridgely st

5. Full Name of Mother.

Mary Owen

6. Mother's Maiden Name.

Maer

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Arnold M. Owen

9. Father's Occupation.

Druggist

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return

A. H. Buddenbach M.D.

Address,

16. S. Pratt.

Remarks,

For and parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

6196a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 27 1883

4. Place of Birth, (Street and Number)

209 Montyomey St

5. Full Name of Mother,

Harriet Copper

6. Mother's Maiden Name,

Harriet Howard

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Samuel L. Copper

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return

H. B. Noble, M.D.

Address,

35 W. 11th St

Remarks,

At the time of birth, was the mother name of the mother of such child or children.

RETURN OF A BIRTH,

61961

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d.
1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth Feb. 27. 1885.
4. Place of Birth, (Street and Number) 207 Johnson St.
5. Full Name of Mother Luride Fitzgerald.
6. Mother's Maiden Name Collins.
7. Mother's Birthplace Balto. Md.
8. Full Name of Father William F. Fitzgerald
9. Father's Occupation Marshallist.
10. Father's Birthplace Balto. Md.
- Name of Medical Attendant, or other Person who makes this Return. Annie Green.
- Address 604 Light St.
- Remarks _____

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61962

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Baltimore Md Feb. 27. 1883.
4. Place of Birth (Street and Number) Baltimore 130 Ridgely St
5. Full Name of Mother Anna Small.
6. Mother's Maiden Name Anna Crasser.
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Eugene Small.
9. Father's Occupation paper box cutter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Mary Schaffer
- Address 114 Ridgely St Baltimore Md
- Remarks _____

RETURN OF A BIRTH

61963

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 27th 1883
No 20 Marshal av.
Emma Lucas

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Fidelity
Germany
Carl Lucas
Laborer

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser M.D.
330 Hanover st.

Address,

Remarks,

RETURN OF A BIRTH

61964

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

27 of February

4. Place of Birth, (Street and Number)

No 9 Point Lane

5. Full Name of Mother,

Elizabeth Chaple

6. Mother's Maiden Name,

Elizabeth Alston

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Chaple

9. Father's Occupation,

at work

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who
makes this Return

Sam C. Bayless

Address,

No 386 Maryland St

Remarks,

RETURN OF A BIRTH.

61965

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

121
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

February 27th 1883.

No 18 1/2 St Paul St.

Elizabeth Medinger.

Elizabeth Loring.

Baltimore

Charles M. Medinger.

Gentleman.

Baltimore.

J. Ridgway Andre M D

121 E Baltimore St

RETURN OF A BIRTH

61966

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 27 1883*
4. Place of Birth, (Street and Number) *45 E. Green St.*
5. Full Name of Mother, *Jessie Smith*
6. Mother's Maiden Name, *Schaefer*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *James W. Smith*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary H. Leggett*
- Address, *182 E. Monument St.*
- Remarks,

RETURN OF A BIRTH

61967

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 27/83.

4. Place of Birth, (Street and Number)

293 N. Bond

5. Full Name of Mother,

Anna M. Whelan

6. Mother's Maiden Name,

" " O'Leary

7. Mother's Birthplace,

Cambridge Md.

8. Full Name of Father,

J. E. Whelan

9. Father's Occupation,

Miller

Father's Birthplace,

Montgomery Co. Md.

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address,

117 S. Broadway

Remarks,

RETURN OF A BIRTH ⁶¹⁹⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 28

4. Place of Birth, (Street and Number)

Registress Street B 46

5. Full Name of Mother,

Kathi Rohm

6. Mother's Maiden Name,

" " Keller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John P Rohm

9. Father's Occupation,

Freiber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Lombardstre 248

Address,

Remarks,

Mrs. Len Maurel

RETURN OF A BIRTH

61969

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1 Birth

Boi

Wet

28 Februar

Washington Street No 115

Kathi Lakwood

" " Clethart

Baltimore

Richard Lakwood

Baltimore

Lombard Street No 278

Part Maurer

RETURN OF A BIRTH

61970

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

Male

White

Feb. 28, 1883

No. 227, McDonald St.,

Maria Hermann

" " Mick

" " Baltimore

Henry Hermann

" " Labor

" " Baltimore

Josephina Rasmussen

Baires St.,

RETURN OF A BIRTH 61971

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

White. (3)

MAR 3 1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 28. 1883

4. Place of Birth, (Street and Number)

No. 13, Cemetery Lane

5. Full Name of Mother,

Wida Becker

6. Mother's Maiden Name,

" Dupring

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

David Becker

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Josephine Bonrad

Address,

No. 20, Barnes St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 61972

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1.*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

28 February 1883

4. Place of Birth, (Street and Number)

90 Front Street

5. Full Name of Mother.

Oster Finner

6. Mother's Maiden Name,

Cravens

7. Mother's Birthplace,

England

8. Full Name of Father.

Thomas Finner

9. Father's Occupation,

Clerk

Father's Birthplace.

England

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard Street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

61972

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Feb 28 1885*
4. Place of Birth (Street and Number) *34 S. Broadway*
5. Full Name of Mother *Mary Higgins*
6. Mother's Maiden Name *Mary McKim*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *William Higgins*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *James C. McMillan, M.D.*
- Address *214 O'Connell St.*
- Remarks

RETURN OF A BIRTH. 61974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 28 February
 4. Place of Birth, (Street and Number) 6 W. Wolfe St.
 5. Full Name of Mother, Maggie Malrich
 6. Mother's Maiden Name, Wald
 7. Mother's Birthplace, Bayreuth, Europe
 8. Full Name of Father, Christian Malrich
 9. Father's Occupation, Shoemaker
 10. Father's Birthplace, Hanover
- Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Ulbig
- Address, 48 Holland St.
- Remarks,

RETURN OF A BIRTH. 61970

To the Office of Registrar of Vital Statistics. Board of Health
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) //

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *28 Feby.*

4. Place of Birth, (Street and Number) *30 Forrest St.*

5. Full Name of Mother, *Mary Luise Huffy*

6. Mother's Maiden Name, *" " Butler*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *John Huffy*

9. Father's Occupation, *Coachman*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Rosa Ullig*

Address, *48 Holland St.*

Remarks, *Balt*

RETURN OF A BIRTH

61976

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY:

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 28th, 1889

4. Place of Birth, (Street and Number) No. 193 E. Moser St.

5. Full Name of Mother, Liza Johnson

6. Mother's Maiden Name, Liza Bask

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Johnson

9. Father's Occupation, Package Reporter Calvert Station

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return M. H. Butt

Address, No. 185 S.E. 4th Central av. & Monument St.

Remarks, All Well.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

61977

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, February 16, 28, 1882

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant,

or Other Person who
makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

61978

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White.
February 28th 1883.
126 1/2 N. Lincoln St.
Susan B. Hammond
Susan B. Hammond
Baltimore City.
John E. Hammond
Bookbinder
Eastview, Washington Co. Va.
John E. Hammond M.D.
275 "Washington" St.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61779

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether 1st, 2d, 3d, &c.)

4th

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

African

4. Date of Birth,

Feb'y 28th 1883

5. Place of Birth, (Street and Number)

No 21 Short Street

6. Full Name of Mother,

Isabella Webb

7. Mother's Maiden Name,

Isabella Ross

8. Mother's Birthplace,

Balt

9. Full Name of Father,

John W Webb

10. Father's Occupation,

Grain dealer

11. Father's Birthplace,

Dorchester Co Md

12. Name of Medical Attendant, or other Person who makes this Return

D. V. Meyer M.D

13. Address,

170 Annapolis St

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

61980

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR
6
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) brown skin
3. Date of Birth 28th of February
4. Place of Birth (Street and Number) parish qly. N. 3
5. Full Name of Mother adeline prisha
6. Mother's Maiden Name adeline selva
7. Mother's Birthplace maryland
8. Full Name of Father joseph prisha
9. Father's Occupation porter
10. Father's Birthplace maryland
- Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville
- Address Clinton ave
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

CERTIFICATE OF A BIRTH.

11981

Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Mother (state whether 1st, 2d, 3d, &c.) *Second Child.*
 Whether Male or Female *Male*
 Color *Colored*
 Date of Birth *February 28th 1883*
 Place of Birth (Street and Number) *Baltimore 66 Henrietta St*
 Name of Mother *Annie Elizabeth Perkins*
 Maiden Name *Annie Elizabeth Hutchins*
 Birthplace *Baltimore City 118 Eider Alley*
 Name of Father *George Washington Perkins*
 Occupation *Undertaker*
 Birthplace *Baltimore City*
 Medical Attendant, or other Person who makes this Return. *Mrs Jane Baker*
66 Eider Alley
Heathley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

61983

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

RETURN OF A BIRTH

61983

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

5
1883

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
Feby 28th 1883
1105 Battering Ave
Mary C. Livingston
Granger
Baltic City
Harry C. Livingston
Shoe Factory Work
Philadelphia Pa
Theodore Crook

RETURN OF A BIRTH

61984

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.....

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White

Feb 28 1883

70 Hamu av
Martha Shoemaker
Martha Marshall
Mo

John Shoemaker
Meat Dealer

Illinois
L. B. Noble M.D.
80 Hamu av

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 67980

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

No. 8

White Male

White

28 of February

No. 309 Sharpard etc

Alverda Barry

Alverda Jones

Baltimore City

John Barry

Laborer

Baltimore

Jane E. Bayless

386 Sharpard etc

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61986

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female

1883
3

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 28th 1883

4. Place of Birth, (Street and Number)

No 176 West St.

5. Full Name of Mother,

Mary Lettau

6. Mother's Maiden Name,

Shangold

7. Mother's Birthplace,

America

8. Full Name of Father,

Ernst Lettau

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schreager midwife
330 Hanover St.

Address,

Remarks,

This child died after an age of two and one half days
with Spasm.

of the parents, and the maiden name of the mother of such child or children."

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

(state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 25, 1873

4. Place of Birth, (Street and Number)

211 S. Bittel Str

5. Full Name of Mother,

Mary Henry Rabe

6. Mother's Maiden Name,

Wetzel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Rabe

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Krapf

Address,

236 Canton Ave

Remarks

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was received in the same
condition and microfilmed
as shown.

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assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 28 1883

4. Place of Birth, (Street and Number)

211 S Bethel St

5. Full Name of Mother

Mary Henry Rabe

6. Mother's Maiden Name,

Wetzel

7. Mother's Birthplace,

Germany

8. Full Name of Father.

Henry Rabe

9. Father's Occupation,

Carpenter

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Krapf

Address,

236 Canton Ave

Remarks.

Missing # 61988

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was received in the same
condition and microfilmed
as shown.**

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assure legibility and com-
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RETURN OF A BIRTH

6789

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Father's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

5th
Male
White
Feb 1st March 1st
N. Central ave.
Katie Cronhamer
Lohr
Germany
August Cronhamer
Box Keeper
Germany
Official Seal
Baltimore City

of the parents, and the maiden name of the mother, if the child or children.

RETURN OF A BIRTH, 61990

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

6. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
 Sex (state whether male or female) female
 Race or Color, (if not of the white race) white race
 Date of Birth March the 1st
 Place of Birth, (Street and Number) Baltimore Cath St No number
 Full Name of Mother Mary Prisch
 Mother's Maiden Name Mary Hughes
 Mother's Birthplace Lynchburg Va
 Full Name of Father Henry Prisch
 Father's Occupation laborer
 Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Elizabeth Katherin
 Address William St No 244
 Remarks

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

61989

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

5th
Male
White
Feb 1st March 1st
174 Central ave.
Katie Lonhansen
" Lohr
Germany
Karl Lonhansen
Bar Keeper
Germany
J. H. Adams
Baltimore

RETURN OF A BIRTH, 61990

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
Sex (state whether male or female) female
Race or Color, (if not of the white race) white race
Date of Birth March the 1st
Place of Birth, (Street and Number) Baltimore Cath St no number
Full Name of Mother Mary Frisch
Mother's Maiden Name Mary Hughes
Mother's Birthplace Larchburg Va
Full Name of Father Henry Frisch
Father's Occupation laborer
Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Elizabeth Kalkren
Address William St no 244
Remarks

RETURN OF A BIRTH.

1991

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAR 1
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the first

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored Race

3. Date of Birth

March the first

4. Place of Birth (Street and Number)

44 Walker St.

5. Full Name of Mother

Lecenia Butler

6. Mother's Maiden Name

Lecenia Johnson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John Butler

9. Father's Occupation

laborer

10. Father's Birthplace

Saint Marys County Md

Name of Medical Attendant, or other Person who makes this Return.

Catherine P. Riley

Address

44 Walker St

Remarks

RETURN OF A BIRTH

61992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1st 1883

4. Place of Birth, (Street and Number)

No 245 William Street

5. Full Name of Mother.

Mary Emma Beall

6. Mother's Maiden Name.

do - de Wheeler

7. Mother's Birthplace,

Balt city md

8. Full Name of Father.

Horatia Beall

9. Father's Occupation,

Letter Carrier

10. Father's Birthplace.

Prince Georges Co and

Name of Medical Attendant,

or other Person who makes this Return

C. Hinton

Address,

No 684 W Charles Street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

61993

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 1st 1883

4. Place of Birth, (Street and Number)

No. 261 West St.

5. Full Name of Mother,

Margareth Michelis

6. Mother's Maiden Name,

Jones

7. Mother's Birthplace,

America

8. Full Name of Father,

Emil Michelis

9. Father's Occupation,

Boymaker

Father's Birthplace:

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwassers midwife

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH

61974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 1st 1883

4. Place of Birth, (Street and Number)

No 195 Sharp St.
Magdalena Peusch
Sick

5. Full Name of Mother,

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

8. Full Name of Father,

Carl Peusch

9. Father's Occupation,

Machinist

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwaesser midwife
330 Hanover St

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH, 1995

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 9 1895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st born march 1st
 1. Sex (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth march 1st
 4. Place of Birth, (Street and Number) hatter's ave 215 Baltimore
 5. Full Name of Mother Elisabeth Preston
 6. Mother's Maiden Name Elisabeth Harrison
 7. Mother's Birthplace Baltimore
 8. Full Name of Father William Harrison Preston
 9. Father's Occupation hatter
 Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Elisabeth Donaldson
 Address 452 Fort Ave
 Remarks mother and child doing well

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
21
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Name of child: J. Crosby Clift

March 1 1883

111 William st

Mary E Clift

Marshall

Balt

Mark Clift

Clerk

Balt

2111 Webster

57 Bannock

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

61997

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1911
123

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7th
Male
White
March 1st 1883
Winans Row
Emily McCall
" Shppard
Hugh McCall
Labourer
Ireland
Theodore Cooke M.D.

RETURN OF A BIRTH

61998

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☒ Her's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

524

Male

White

March 1st 1883

30 E. Monument St.

Anna Schaar

Wiese

Frederick Schaar

Baltimore Md.

Miss Anna Hillegast

182 E. Monument St.

RETURN OF A BIRTH 61999

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ...

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☒ Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

3rd

Male

White

March 1st 1883

414 N. Gay St. Gen. Edgar St.

Theresa M. Thos.

O. Thos.

Baltimore Md.

John A. Thos.

Carpenter

Baltimore Md.

Mrs. H. H. Hillegeist

182 E. Monument St.

RETURN OF A BIRTH *62000*

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mar 1st 1883

4. Place of Birth, (Street and Number)

240 Hamburg St.

5. Full Name of Mother,

Margarette Hoodman

6. Mother's Maiden Name,

Hramer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Hoodman

9. Father's Occupation,

Tinner

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Mrs Marie Vixen 328 S Euter St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62001

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1st 1883

4. Place of Birth, (Street and Number)

136 W. Madison St

5. Full Name of Mother,

Harriet French

6. Mother's Maiden Name,

Harriet Snyder

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry J. French

9. Father's Occupation,

Blacksmith

Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. H. Williams

Address,

11 W. Williams St

Remarks,

RETURN OF A BIRTH

62002

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 1st 1883

4. Place of Birth, (Street and Number)

67 Freemont St

5. Full Name of Mother,

Augusta Weckesser

6. Mother's Maiden Name,

Augusta Gronrad

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Weckesser

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Catharine Deebuck

Address, 439. W. Pratt. St.

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62003

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 1st 1883
4. Place of Birth, (Street and Number) 272 Light St
5. Full Name of Mother Mary E. Williams
6. Mother's Maiden Name Johnson
7. Mother's Birthplace Va
8. Full Name of Father Fredrick Williams
9. Father's Occupation Merchant
10. Father's Birthplace Pa
Name of Medical Attendant, or other Person who makes this Return. R. C. Lee
Address 1111 E. Hanover Barn St
Remarks

RETURN OF A BIRTH

12004

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

Birth (10) 1883
Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1st 1883.

4. Place of Birth, (Street and Number)

Cent. St. No. 8.

5. Full Name of Mother,

Maria Reimer

6. Mother's Maiden Name,

Halltze

7. Mother's Birthplace,

Willingen, Germany

8. Full Name of Father,

Charles Reimer

9. Father's Occupation,

Editor

Father's Birthplace,

Willingen, Germany

Name of Medical Attendant, or other Person who make this Return

Josephine Reimer

Address,

No. 20

Bruner St.

Remarks,

RETURN OF A BIRTH

62001

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, March 1st 1883
 4. Place of Birth, (Street and Number) No 25 Lexington court
 5. Full Name of Mother, Mary Brown
 6. Mother's Maiden Name, Mary Tyler
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Philip Tyler
 9. Father's Occupation, Labor
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Mary Ann Dorsey
 Address 64 E. W. Lane
 Remarks five dollars

RETURN OF A BIRTH 62006

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, March the 1 1893
 4. Place of Birth, (Street and Number) No 2 Cairney St
 5. Full Name of Mother, Eliza May Wallace
 6. Mother's Maiden Name, Eliza May Boulton
 7. Mother's Birthplace, Washington
 8. Full Name of Father, John B. Wallace
 9. Father's Occupation, Machinist
 10. Father's Birthplace, Philadelphia
 Name of Medical Attendant, or other Person who makes this Return Mrs. S. Kelly
 Address, 792 Pratt St
 Remarks,

RETURN OF A BIRTH

62007

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1913

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th of March

4. Place of Birth, (Street and Number) 341 Canton Ave.

5. Full Name of Mother, Agnes Selmeijer

6. Mother's Maiden Name, Schutte

7. Mother's Birthplace, Pagenburg, Hannover (Germ)

8. Full Name of Father, John Selmeijer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. Behrken

Address, 54 Essex St.

c Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 10-20-51
RETURN OF A BIRTH.

62008

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Name: *Elizabeth Crow*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *March 21 1883*

4. Place of Birth (Street and Number) ** 77. N High St.*

5. Full Name of Mother *Selina R Crow*

6. Mother's Maiden Name *Hilpin*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *Nathaniel D Crow*

9. Father's Occupation *Foreman (in furniture factory)*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

*Samuel J. Webb M.D.
134 N. Euter St.
City*

NOTICE

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was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

62009

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Mar 2 83

4. Place of Birth, (Street and Number)

69 Jasper St

5. Full Name of Mother,

Johanna Sollers

6. Mother's Maiden Name,

" Smallwood

7. Mother's Birthplace,

West River

8. Full Name of Father,

Hugh Sollers

9. Father's Occupation,

Waiter

Father's Birthplace,

Penns. Ave.

Name of Medical Attendant,

or other person who
makes this Return.

L. R. Coates

Address,

115 Cathedral St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 2, 1883*

4. Place of Birth, (Street and Number) *Patton St. No. 203*

5. Full Name of Mother, *Christine Maderis*

6. Mother's Maiden Name, *Christine Horn*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Hermann Maderis*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address, *Baltimore City No. 26*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62011

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

2nd of March

4. Place of Birth, (Street and Number)

25 Durham St

5. Full Name of Mother,

Louisa Reiser

6. Mother's Maiden Name,

Franks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Reiser

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Gjelzke

Address,

55 S. Bond St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62012

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex. (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, End, of March

4. Place of Birth, (Street and Number) 89 McElderry St.

5. Full Name of Mother, Annie E. Hornes

6. Mother's Maiden Name, A. E. Depro

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hornes

9. Father's Occupation, Brown makes

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline St.

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62013

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *this is the 1st child*
1. Sex (state whether male or female) *it is female child*
2. Race or Color, (if not of the white race) *Colored child*
3. Date of Birth *Dec. 2nd 1893*
4. Place of Birth, (Street and Number) *No. 5 North Dallas St.*
5. Full Name of Mother *Infant J. Gates*
6. Mother's Maiden Name *Infant J. Gates - Gates*
7. Mother's Birthplace *South Delaware*
8. Full Name of Father *Charles E. Gates*
9. Father's Occupation *carpenter*
10. Father's Birthplace *Cambridge, Md.*
Name of Medical Attendant, or other Person who makes this Return *Dr. Carpenter*
Address *1011 St. Baltimore, Md.*
Remarks *from Capital*
No. 9 Union St. near Eden St.

RETURN OF A BIRTH 62014

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 2 - 1883

4. Place of Birth, (Street and Number) 464 Canton Av

5. Full Name of Mother, Lizzie Larnel

6. Mother's Maiden Name, Liz. Gules

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Larnel

9. Father's Occupation, Housew

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Gray

Address, 193 Chester St

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH, 62015

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth March 2 1893
4. Place of Birth, (Street and Number) 174 South Ann Street
5. Full Name of Mother Alfred Lister
6. Mother's Maiden Name Alfred Lister
7. Mother's Birthplace Ireland
8. Full Name of Father William Lister
9. Father's Occupation Watchman
10. Father's Birthplace Wymouth Devonshire England
- Name of Medical Attendant, or other Person who makes this Return. Wm. J. Conner 152
- Address Collington Avenue
- Remarks _____

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12016

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

6
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 20 1883
4. Place of Birth (Street and Number) 47. McElderry St
5. Full Name of Mother Louisa McNulty
6. Mother's Maiden Name Bond
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry H McNulty
9. Father's Occupation Iron Moulder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. E. H. Custer
- Address 157 Arguette St
- Remarks

RETURN OF A BIRTH

62017

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
5
1883

● of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 2d

4. Place of Birth, (Street and Number)

156. S. Pace st.

5. Full Name of Mother,

Sarah Forrest

6. Mother's Maiden Name,

Plummer

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Walter N. Forrest

9. Father's Occupation,

Laborer

● Father's Birthplace,

Ellicott City

Name of Medical Attendant, or other Person who makes this Return

A. L. Buddenbom M.D.

Address,

156. S. Pace st.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *62018*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
5
1893

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *2 March 1888*
 4. Place of Birth, (Street and Number) *175 Forest Street Balt. Md.*
 5. Full Name of Mother, *Mary Ann Westfall*
 6. Mother's Maiden Name, *" " Krader*
 7. Mother's Birthplace, *Baltimore Maryland*
 8. Full Name of Father, *Frederick Davis Westfall*
 9. Father's Occupation, *Engineer*
 10. Father's Birthplace, *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Rosa Ulbrig*
- Address, *48 Holland St*
- Remarks, *Balt. Md.*

RETURN OF A BIRTH

62019

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

4. Date of Birth,

March 2nd 1883

5. Place of Birth, (Street and Number)

No 370 West st.

6. Full Name of Mother.

Catharine Coleman

7. Mother's Maiden Name,

Henigan

8. Mother's Birthplace,

America

9. Full Name of Father.

John Coleman

10. Father's Occupation,

Glassblower

11. Father's Birthplace.

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwarzer midwife

Address,

330 Hanover st.

Remarks.

RETURN OF A BIRTH

62050

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. over

● Name: *Rosabelle Williamson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second* Child

1. Sex, (state whether male or female)..... *female.*

2. Race or Color, (if not of the white race).....

3. Date of Birth, *march 29. 1892.*

4. Place of Birth, (Street and Number) *23. Myer street.*

5. Full Name of Mother, *Anna Williamson*

6. Mother's Maiden Name, *Anna Whidy*

7. Mother's Birthplace, *Eastmore*

8. Full Name of Father, *George Williamson*

9. Father's Occupation, *labor.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return. *Mary L. Swaney*

Address, *59 Myer street*

Remarks,

RETURN OF A BIRTH *12031*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2 of March 1883

4. Place of Birth, (Street and Number)

Eastern av 385

5. Full Name of Mother,

Lizzie Myers

6. Mother's Maiden Name,

Kettler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Myers

9. Father's Occupation,

Night Watchman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park av

Remarks,

For the purpose of this return, the name of the mother of such child, or of the father,

RETURN OF A BIRTH.

62022

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

121
1883

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether ~~Male~~ or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth March 2
4. Place of Birth (Street and Number) Wheeler St No 1
5. Full Name of Mother Mary Keller
6. Mother's Maiden Name Mary Kelly
7. Mother's Birthplace Baltimore City
8. Full Name of Father Joshua Keller
9. Father's Occupation Ice Dealer
10. Father's Birthplace City Cork Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. E. Hunter
- Address 211 August St
- Remarks _____

RETURN OF A BIRTH *12023*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *2 March*
4. Place of Birth, (Street and Number) *157 Central Avenue*
5. Full Name of Mother, *Teressa Arnold*
6. Mother's Maiden Name, *Willocks*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *August Arnold*
9. Father's Occupation, *Resturant*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*
- Address, *72 E. Lombard street*
- Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7th

Female

White

March 2nd 1883

1511 Thacker St.

Annie Murphy

Annie Murphy

Ireland

William Murphy

Labourer

Ireland

Mrs. Deane Hallquist

182 E. Monument St.

RETURN OF A BIRTH 12015

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth,

March 2- 83. Miscarriage at 4th Mo.

4. Place of Birth, (Street and Number)

122 Jasper St

5. Full Name of Mother,

Mary Steward

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr B. A. Turner

Address,

Attended in the Out Patient - Obstetrical Dept

Remarks,

of Woman's & Child's Hospital
126 North Euter St

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *f2026*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

On the _____ day of _____, 19____, at _____, Baltimore City, Maryland, I, _____, Registrar of Vital Statistics, do hereby certify that the foregoing is a true and correct copy of the original record of the birth of the child named herein, as the same appears from the records of the Office of the Registrar of Vital Statistics, Baltimore City, Maryland.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 2 1883

4. Place of Birth, (Street and Number)

Cor. of Bond & Packer sts.

5. Full Name of Mother,

Estelle Foster Woodruff

6. Mother's Maiden Name,

Estelle Foster

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

H. G. Woodruff

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt. Co. Md.

Name of Medical Attendant, or other Person who makes this Return

J. H. L. L. L. L. L.

Address,

1212 W. L. L. L. L.

Remarks,

RETURN OF A BIRTH *62027*

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

1. Sex, (state whether 1st, 2d, 3d, &c.) *1st*

2. Race or Color, (if not of the white race) *Male*

3. Date of Birth, *White*

4. Place of Birth, (Street and Number) *March 2nd*

5. Full Name of Mother, *398 Sharp St*

6. Mother's Maiden Name, *Mary Reany*

7. Mother's Birthplace, *" "*

8. Full Name of Father, *City*

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return

Address, *J. G. Bunch Jr*

Remarks, *151 Harrison St*

Printed name of the mother of such child or children.

RETURN OF A BIRTH *62028*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 2/88*

4. Place of Birth, (Street and Number) *111 Misher St.*

5. Full Name of Mother *Anna D. Gith*

6. Mother's Maiden Name, *Anna D. Cole*

7. Mother's Birthplace, *W.D.*

8. Full Name of Father, *John A. Gith*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mellor M.D.
188 Brafflin

RETURN OF A BIRTH

62029

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d &c.) 8th & 9th (Twins)

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, March 2 / 83

4. Place of Birth, (Street and Number) 133 N. Eutan St.

5. Full Name of Mother, Mary E. Schambarger

6. Mother's Maiden Name, Mary E. Sebring

7. Mother's Birthplace, Md

8. Full Name of Father, Henry W. Schambarger

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return

J. Miller M.D.
188 Franklin

Address,

Remarks,

Do not permit this to reach home of the mother of such child or children.

RETURN OF A BIRTH

62030

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2 of March 8

4. Place of Birth, (Street and Number)

No 11 St Peter St

5. Full Name of Mother,

Ellen Keen

6. Mother's Maiden Name,

Ellen Davis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jesse Keen

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Laline S. S. S. S. S.

Address,

Keen St

Remarks,

Printed Name of the mother of such child or children.

RETURN OF A BIRTH *62031*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *29 March 1881*

4. Place of Birth, (Street and Number) *No 112 Cross St*

5. Full Name of Mother, *Mary Mackward*

6. Mother's Maiden Name, *Marye Bach*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Georg Mackward*

9. Father's Occupation, *Labr*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return *L. C. G. G. G. G. G.*

Address, *No 112 Cross St*

Remarks,

of this certificate, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62032

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 2nd 1883

4. Place of Birth, (Street and Number)

22 Concord St.

5. Full Name of Mother,

Isadora Cornelius

6. Mother's Maiden Name,

" Burkiss

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Nicholas L. Cornelius

9. Father's Occupation,

Horse Show

10. Father's Birthplace,

Washington, D. C.

Name of Medical Attendant, or other Person who makes this Return

Leah St. Hunter M.D.

Address,

36 Greenmount Ave.

Remarks.

Printed by the City of Baltimore, at the Office of the Registrar of Vital Statistics, Board of Health.

RETURN OF A BIRTH 12083

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 2nd 1883

4. Place of Birth, (Street and Number)

339 St. Paul St.

5. Full Name of Mother,

Sarah Elizabeth Elliott

6. Mother's Maiden Name,

Morse

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Joseph Hinkle Elliott

9. Father's Occupation,

Professor of Penmanship & Book Keeping

10. Father's Birthplace.

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

S. W. Seldner M.D.

Address,

S. E. Cor Eager & Caroline Sts.

Remarks,

RECEIVED AT THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, MARCH 10, 1883.

RETURN OF A BIRTH

62034

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 2, 1883.

4. Place of Birth, (Street and Number)

S. Schuppelstr No 74

5. Full Name of Mother,

Gertrude Pretzel

6. Mother's Maiden Name,

Wichner

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Adolph Pretzel

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Wm. Gab. Kuehbach

Address,

S. Walpstr No 14

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female 4th*

1. Sex, (state whether male or female) *White Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 2nd 1888*

4. Place of Birth, (Street and Number) *104 Eager St.*

5. Full Name of Mother, *Harriet Cooper Stratmeyer*

6. Mother's Maiden Name, *Koch*

7. Mother's Birthplace, *City*

8. Full Name of Father, *John Henry Stratmeyer*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who make the Return *E. P. Drons M.D.*

Address. *# 37 1/2 E. Balto. St.*

Remarks.

RETURN OF A BIRTH

12036

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
6
1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second

Sex. (state whether male or female)

Female

Race or Color. (if not of the white race)

White

Date of Birth.

Mar. 3^d 1883

Place of Birth, (Street and Number)

369 Lexington St.

Full Name of Mother

Emma F. Evans

Mother's Maiden Name.

Frederick

Mother's Birthplace.

Balto. City

Full Name of Father.

Lewis Evans

Father's Occupation.

Clerk

Father's Birthplace.

Cornwall, Conn.

Name of Medical Attendant, or other Person who makes this Return

John H. H. H.

Address.

431 Penna. Ave.

Remarks.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62037

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
5
1903

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3. Child.

1. Sex, (state whether male or female)

female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 3, 1893.

4. Place of Birth, (Street and Number)

No. 42. Pasco. St.

5. Full Name of Mother.

• Lena. Indhoff.

6. Mother's Maiden Name.

• Luch.

7. Mother's Birthplace,

Hessen. G. S.

8. Full Name of Father.

Henry. Indhoff.

9. Father's Occupation,

Bread. Bäcker.

10. Father's Birthplace,

Kauhtzen.

Name of Medical Attendant, or other Person who makes this Return

• Anne. Gerdner.

Address,

No. 45. S. Hermann St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

12038

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 3rd 1883

4. Place of Birth, (Street and Number)

50 West St
Lizzie Goode

5. Full Name of Mother,

6. Mother's Maiden Name,

Lizzie Jennings
North Carolina
William Goode
Painter

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Massachusetts
H. B. Noble
50 Harmon St

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

62039

1883

5

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *19 of March 1883*
4. Place of Birth, (Street and Number) *4 Madison St.*
5. Full Name of Mother, *Elizabeth Arnott*
6. Mother's Maiden Name, *Berghe*
7. Mother's Birthplace, *Born in Prussian Germany*
8. Full Name of Father, *Jacob Arnott*
9. Father's Occupation, *Worker*
10. Father's Birthplace, *Born in Prussian Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Miller*
- Address, *117 N. Pratt St.*
- Remarks.

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62040

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Mar the 3
4. Place of Birth (Street and Number) 51 Storkton alley
5. Full Name of Mother Lavinia Peters
6. Mother's Maiden Name Lavinia Johnson
7. Mother's Birthplace Calbert County M D
8. Full Name of Father Robert Peters
9. Father's Occupation Water
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richerson 212 Dover
- Address
- Remarks Mother and child doing well.

RETURN OF A BIRTH *62041*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

State 1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

March 3, 1883

4. Place of Birth, (Street and Number)

80 Miller St.

5. Full Name of Mother,

Mary Lizzie Johnson

6. Mother's Maiden Name,

Mary Lizzie Jenkins

7. Mother's Birthplace,

Virginia, Va.

8. Full Name of Father,

Thomas Jenkins

9. Father's Occupation,

Labor

10. Father's Birthplace,

Eastern Shore

Name of Medical Attendant, or other Person who makes this Return

Lucinda Hooper

Address,

130 Register St.

Remarks,

of the parent or, and the maiden name of the mother of such child or children.

62042

BALTIMORE CITY.

4A

By _____

reformed

March 3rd 1883

33 Bagnanah ally

Elizabeth M. Ellery

—

Ben Pio Lich

Frank Eddy

Lev. 10

Caroline County No 2

Deborah Thomas

71 Broadway N.Y.C.

[illegible]

conclusion, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62043

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

March 3rd 1883

4. Place of Birth, (Street and Number)

247 Joseph St

5. Full Name of Mother

Annie M. Child

6. Mother's Maiden Name

" " Cannon

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John T. Child

9. Father's Occupation

Wagoner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edward M. Dorr

Address

54 Wisconsin St

Remarks

62044

1923

2.6

Female

[Handwritten signature]

March 30

101 St. Vincent St.

Halline Schults

Saline Quarter

Bachman

John Schultz.

Dinner

Baccharis

J. H. Korman May

120 Pearl St.

[Faint, illegible handwritten text]

ALANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH, 62045

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 3d 1883

4. Place of Birth, (Street and Number)

134 Bolton Street

5. Full Name of Mother

Grace Kearny

6. Mother's Maiden Name

Grace Packard

7. Mother's Birthplace

Baltimore

8. Full Name of Father

J. Parker Kearny

9. Father's Occupation

Attorney

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

H. C. Wilson Jr

Address

146 Park Ave

Remarks

RETURN OF A BIRTH

62046

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. ☒ (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, 30th March
4. Place of Birth, (Street and Number) Claruit St no 2
5. Full Name of Mother, georgiana groos
6. Mother's Maiden Name, camlin
7. Mother's Birthplace, napolis
8. Full Name of Father, Henry groos
9. Father's Occupation, sailor
10. Father's Birthplace, Accome Va
- Name of Medical Attendant, A Wilson or other Person who makes this Return
- Address, cross st 368
- Remarks,

RETURN OF A BIRTH.

62047

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) . 7.

1. Sex (state whether male or female) - Male.

2. Race or Color (if not of the white race) - White.

3. Date of Birth - Mar. 3 - 1883.

4. Place of Birth (Street and Number) - Saratoga. 147

5. Full Name of Mother - Mrs Kate Goggen

6. Mother's Maiden Name - Ireland.

7. Mother's Birthplace - ~~Wm Goggen~~ Jati Murkhy.

8. Full Name of Father - Wm Goggen

9. Father's Occupation - Manager of Turkish Bath.

10. Father's Birthplace - Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Address - Chetina Barlage

Remarks

Name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

8

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

3d March 1883

No 26 Carey St

Minnie M. Loud

Minnie Johnson

Baltimore

John M. Loud

Laborer

Boston

Sabine Griseholer

No 128 West St

RETURN OF A BIRTH

62049

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- 2nd
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 3rd 1883*
4. Place of Birth, (Street and Number) *187 East St.*
5. Full Name of Mother, *Ella Melchman*
6. Mother's Maiden Name, *Boady*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George W. Melchman*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *D. W. Hunter M.D.*
- Address *36. Court St. Ave.*
- Remarks

RETURN OF A BIRTH

6205A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *March 3rd 1903*
5. Place of Birth, (Street and Number) *10 Willow St*
6. Full Name of Mother, *Mary Parrish*
7. Mother's Maiden Name, *Matthews*
8. Mother's Birthplace, *Elkton, Md.*
9. Full Name of Father, *Harry Parrish*
10. Father's Occupation, *Blacksmith*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other Person who makes this Return *S. W. Hunter M.D.*
13. Address, *36 Greenmount Ave.*
14. Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

62051

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

16
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 3, 1883
4. Place of Birth (Street and Number) No 169 N. Carey St
5. Full Name of Mother Laura J. Kries
6. Mother's Maiden Name Laura J. Reader
7. Mother's Birthplace Baltimore City
8. Full Name of Father Peter Kries
9. Father's Occupation Gas Fitter
10. Father's Birthplace Balto City
Name of Medical Attendant, or other Person who makes this Return. B. H. Herman M.D.
Address No 175 N Carey St
Remarks

RETURN OF A BIRTH *1902*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female)

2 Males

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March the 3 1883

4. Place of Birth, (Street and Number)

N. E. Hendry St No 357

5. Full Name of Mother,

Laura Ebert

6. Mother's Maiden Name,

Laura Scheller

7. Mother's Birthplace,

New Brunswick Germany

8. Full Name of Father,

August Ebert

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs S. Kelly

Address,

792 Pratt St

Remarks,

No. and names of the mother of the mother of such child or children.

RETURN OF A BIRTH *62053*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

6
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 4 1883*

4. Place of Birth, (Street and Number) *No. 34 Heath Street*

5. Full Name of Mother, *Sarah Ford*

6. Mother's Maiden Name, *Sarah Smallwood*

7. Mother's Birthplace, *Howard Co. Md*

8. Full Name of Father, *David Ford*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Richmond Va*

Name of Medical Attendant, or other Person who makes this Return *E. Hinton*

Address, *No. 34 W. Charles Street*

Remarks,

RETURN OF A BIRTH

6304

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
9
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child.*
1. Sex, (state whether male or female) *Boy.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17th of March, 1883.*
4. Place of Birth, (Street and Number) *90 North Chappel st.*
5. Full Name of Mother, *Kunnie Rode*
6. Mother's Maiden Name, *Kunnie & Andreas.*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Max Andreas.*
9. Father's Occupation, *Laborman.*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other Person who make this Return *Crescentia Kunkel*
- Address, *71 North Chappel per postoffice Kunkel.*
- Remarks, *Healthy.*

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th
Male

White

March 4th 1883

Balto 103 west St

Mary Madrasah Norris

" " " " " "

Sandy Hook Washington Co Md

Elmore Alburtis Norris

Laborer

Sandy Hook Washington Co Md

Mrs Conway

RETURN OF A BIRTH

62056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
5
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

march 24-1883

4. Place of Birth, (Street and Number)

No. 54, S. Chappel St

5. Full Name of Mother,

Sophia Benson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Cambridge md

8. Full Name of Father,

Thomas Benson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Lear Walker

Address,

No 15, S. Benson Alley

Remarks,

RETURN OF A BIRTH

62057

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother. (state whether 1st, 2d, 3d, &c.)

One child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color Race

3. Date of Birth,

March 4 1883

4. Place of Birth, (Street and Number)

133 Foster St

5. Full Name of Mother,

Lizzie Jones

6. Mother's Maiden Name,

Lizzie Hasel

7. Mother's Birthplace,

Annemora

8. Full Name of Father,

James Jones

9. Father's Occupation,

Battin's

10. Mother's Birthplace,

Labor

Name of Medical Attendant, or other Person who makes this Return

Lucindie Woodford

Address,

130 Brewster St

Remarks,

RETURN OF A BIRTH 62058

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 4th 1883.

4. Place of Birth, (Street and Number)

84 Stephen St

5. Full Name of Mother,

Lisseckberger

6. Mother's Maiden Name,

M^cQuaid

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Lisseckberger

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Edward A. Mann M.D.

Address,

271 Hoffman St

Remarks,

RETURN OF A BIRTH

62059

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

1st
Male
White
March 4th 83
No 35 E. Eager St
Mary Darling
Mary Smith
Maryland
Charles W. Darling
Storekeeper
Maryland
Wm Whitledge

RETURN OF A BIRTH.

62060

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4 confinement 1c*
1. Sex (state whether Male or Female) *Female Born alive*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *March 4th 1883*
4. Place of Birth (Street and Number) *no 293 Rahall St*
5. Full Name of Mother *Bell Bovey*
6. Mother's Maiden Name *Herle Bovey*
7. Mother's Birthplace *West River*
8. Full Name of Father *Not known*
9. Father's Occupation *—*
10. Father's Birthplace *—*
- Name of Medical Attendant, or other Person who makes this Return *Dane Butler*
- Address *Dane Butler no 4 Carlton St*
- Remarks *This woman had twins
a Boy which was still born and
a girl which is still living*

State, in the best possible manner, whether still born or not, the sex, name, nativity, age, residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62061

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st -

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 14th

4. Place of Birth, (Street and Number)

185 E Eager

5. Full Name of Mother,

Clara G M Nully

6. Mother's Maiden Name,

Clara G Magandy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas F M Nully

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm Whitledge

Address,

Remarks,

RETURN OF A BIRTH

62062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 4 March 1883

4. Place of Birth, (Street and Number)

Balti. Mt. Street at No 64

5. Full Name of Mother,

Alta Pusiska

6. Mother's Maiden Name,

Alta Vesela

7. Mother's Birthplace,

Batavia

8. Full Name of Father,

Wesol Pusiska

9. Father's Occupation,

Merician

10. Father's Birthplace,

Batavia

Name of Medical Attendant,

or other Person who makes this Return

Mary O'Connell

Address,

69 N. Washington St

Remarks,

Mary O'Connell

RETURN OF A BIRTH

62063

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

APR 9 1903

2. Sex, (state whether male or female)

female

3. Race or Color, (if not of the white race)

4. Date of Birth,

4th March 83

5. Place of Birth, (Street and Number)

9 Pearl St No 57

6. Full Name of Mother,

Julia Kiesel

7. Mother's Maiden Name,

Julia Lapp

8. Mother's Birthplace,

Hersfeld Germany

9. Full Name of Father,

Ulrich W. Kiesel

10. Father's Occupation,

Clerk

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. H. Helms M.D.

Address,

120 Pearl St

Remarks,

RETURN OF A BIRTH.

62064

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

13
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____
2. Race ~~or Color~~ (if not of the white race) _____
3. Date of Birth March 4th 1883.
4. Place of Birth (Street and Number) No 41 Miller St.
5. Full Name of Mother Maggie Dolan
6. Mother's Maiden Name Maggie McElroy
7. Mother's Birthplace Scotland
8. Full Name of Father Francis P. Dolan
9. Father's Occupation Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre, M.D.
- Address No 121 E. Batts. St.
- Remarks _____

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 62065

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. ☒ (state whether male or female)

male

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

4 march

4. Place of Birth, (Street and Number)

Clarrit A 1204

5. Full Name of Mother,

Jennie Smith

6. Mother's Maiden Name,

Lee

7. Mother's Birthplace,

Calvert Co

8. Full Name of Father,

William Smith

9. Father's Occupation,

single

10. Father's Birthplace,

Bal to

Name of Medical Attendant,

or other Person who makes this Return

A Wilson

Address,

cross st 368

Remarks.

RETURN OF A BIRTH 62066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ (state whether male or female)

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *March 4-83*

4. Place of Birth, (Street and Number) *Jane Lee*

5. Full Name of Mother,

6. Mother's Maiden Name, *Ballo*

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Dr B. A. Turner
attended from the out-patient obstetrical Dept
of Women & Childs Hospital
126 North Euter St.

RETURN OF A BIRTH

62067

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second,*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *March 4th.*
4. Place of Birth, (Street and Number) *No. 45 Pearl street.*
5. Full Name of Mother, *Elzabeth Sederer (Elzabeth)*
6. Mother's Maiden Name, *Hornberg*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John Sederer,*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address, *4 E. Co. Columbia Ave. & Fremont St.*

Remarks, *Child in good physical condition & living*

of the parents, and the maiden name of the mother of such child or children.

39

RETURN OF A BIRTH

62068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 4, 1883

4. Place of Birth, (Street and Number)

158 Dillon Street, Canton

5. Full Name of Mother,

Alverda E. Copple

6. Mother's Maiden Name,

Alverda E. Stapleford

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Y. Copple

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Sellers

Address,

104 Curley Street, Canton

Remarks,

RETURN OF A BIRTH

62069

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 4th, 1883

4. Place of Birth, (Street and Number)

No 23. Anthony St.

5. Full Name of Mother,

Drezie Storki

6. Mother's Maiden Name,

Hildebrand

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Storki

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Josephina Renzard

Address,

No 20.

Barnes St

Remarks,

RETURN OF A BIRTH

62070

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mr 7
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mr 4 of George

4. Place of Birth, (Street and Number)

No. 17, E. Gen. St.

5. Full Name of Mother,

Mary Grande

6. Mother's Maiden Name,

Mary McEnty, McEnty

7. Mother's Birthplace,

Irland

8. Full Name of Father,

David McEnty

9. Father's Occupation,

Seaper

10. Father's Birthplace,

Irland

Name of Medical Attendant, or other Person who makes this Return

Mrs Cristina Lauer

Address,

173 Harford. crs.

Remarks,

1883

RETURN OF A BIRTH

62071

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

W/ht

4 of March 1883

No 722 Hancock St

John Butler

Kate Cunningham

Baltimore

John Butler

Librarian

Belmad

John A. Cunningham

No 125 N. 1st St

RETURN OF A BIRTH

62072

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Sophia Seiffert

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4 of March 1883

4. Place of Birth, (Street and Number)

No 87 Clarkson St

5. Full Name of Mother,

Lessie Seiffert

6. Mother's Maiden Name,

Issa Woodhull

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Seiffert

9. Father's Occupation,

Stone cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sabin B. Greenhalgh

Address,

Or 128 West St

Remarks,

COPIED FROM THE ORIGINAL

7-24-52

L.M.

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

over 62073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Walter G. Linthicum*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *March 4th 1883*

4. Place of Birth (Street and Number) *134 S. Paca St*

5. Full Name of Mother *Maggie Amanda Linthicum*

6. Mother's Maiden Name *Whitaker*

7. Mother's Birthplace *Caroline Co Md*

8. Full Name of Father *Geo W Linthicum*

9. Father's Occupation *Leisure Stable Keeper*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Elias R. Price M.D.*

Address *262 Madison Ave*

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62074

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 4th 1883

4. Place of Birth (Street and Number) 292 W Fayette St

5. Full Name of Mother Amelia Harrison

6. Mother's Maiden Name Williams

7. Mother's Birthplace New York

8. Full Name of Father John E. Harrison

9. Father's Occupation Photographic Operator & Negative retoucher

10. Father's Birthplace London Eng.

Name of Medical Attendant, or other Person who makes this Return. Elias C. Price M.D.

Address 262 Madison Ave

Remarks

RETURN OF A BIRTH

62075

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

161
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 4th

4. Place of Birth, (Street and Number)

1. Strand st

5. Full Name of Mother,

Emma Emmert

6. Mother's Maiden Name,

Willing

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Christian Emmert

9. Father's Occupation,

Glass-blower

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

D. S. Buddenbohn M.D.

Address,

166. S. Paca st.

Remarks,

RETURN OF A BIRTH

62076

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d the*
1. Sex, (state whether male or female).... *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4th of March*
4. Place of Birth, (Street and Number) *341 Canton Ave.*
5. Full Name of Mother, *Kathe Meyer*
6. Mother's Maiden Name, *Schütt*
7. Mother's Birthplace, *Papenburg (Germ)*
8. Full Name of Father, *Sailer Lambert Meyer*
9. Father's Occupation, *Sailer*
10. *other's* Birthplace, *Papenburg (Germ)*
- Name of Medical Attendant, or other Person who makes this Return. *J. Behnken Midwife*
- Address, *54 Essex St.*
- Remarks,

RETURN OF A BIRTH

62077

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
19
1983

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4 of May*
4. Place of Birth, (Street and Number) *554 Canton Ave.*
5. Full Name of Mother, *Hilda Mitzel*
6. Mother's Maiden Name, *Tofchel*
7. Mother's Birthplace, *Haltensleben*
8. Full Name of Father, *William Mitzel*
9. Father's Occupation, *Beer Saloon*
10. *er's* Birthplace, *Barnes (Germ)*
- Name of Medical Attendant, or other Person who makes this Return, *O. Behnken*
- Address, *54 Essex St.*
- Remarks,

RETURN OF A BIRTH, *62078*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

12-8
1206
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 4/83

4. Place of Birth, (Street and Number) 48 N. Greene

5. Full Name of Mother Frances Parker Marburger

6. Mother's Maiden Name Roelky

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father John Harman Marburger

9. Father's Occupation Merchant Tailor

Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this return. James M. Knight M.D.

Address 112 N. Greene St.

Remarks

RETURN OF A BIRTH

62079

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1923

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 14, 83.

4. Place of Birth, (Street and Number)

E Lombard St No 265

5. Full Name of Mother,

Barbara Lann

6. Mother's Maiden Name,

Amber

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Loren Lann

9. Father's Occupation,

Printer

10. Mother's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm. J. P. Smith

Address,

14

Remarks,

RETURN OF A BIRTH.

62080

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (note whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Ten o'clock P.M. March 5th 1883*

4. Place of Birth (Street and Number) *376 South Clinton St (belt)*

5. Full Name of Mother *Catherine Haggerty*

6. Mother's Maiden Name *Catherine Moffet*

7. Mother's Birthplace *Ireland*

8. Full Name of Father *Hugh Haggerty*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Richardson M.D.*

Address *28 W. Donnell St*

Remarks *Head presentation used forceps was two hours in the house Labor 12 hours both doing well*

born, is of their physical condition, whether alive born or not, the sex and name, date, time, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62081

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR 9 1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *No. 6*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *5th of March 1883*

4. Place of Birth (Street and Number) *28 China St*

5. Full Name of Mother *Mrs. Laura V. Collins*

6. Mother's Maiden Name *Miss Laura V. Ambrose*

7. Mother's Birthplace *Baltimore City Md*

8. Full Name of Father *Walter Collins*

9. Father's Occupation *Brick Maker*

10. Father's Birthplace *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *L. D. Dyer*

Address *146 Hill St.*

Remarks *Parturition Natural*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62082

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

female
white

2. Race or Color (if not of the white race)

3. Date of Birth

march 5

4. Place of Birth (Street and Number)

246 Park St

5. Full Name of Mother

emma skinner

6. Mother's Maiden Name

= = Smith

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George Skinner

9. Father's Occupation

house carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. G. Carter

Address

59 Madison St

Remarks

NOTE. — In case of still birth, state whether still born or not, the sex, name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

62083

10
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Girl

Edred

March 5, 1883

No 165 Welcome alley
Margaret Collins

Annerset County Md
unknown

Sarah Jones
129 York st

RETURN OF A BIRTH

62084

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. ☒ (state whether male or female) Girl

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, March 5th 1883

4. Place of Birth, (Street and Number) 1033 North Street

5. Full Name of Mother, Fannie Griffith

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Accomac County - Va

8. Full Name of Father, Benny Griffith

9. Father's Occupation, Laborer

10. Father's Birthplace, Accomac County - Va

Name of Medical Attendant, Deborah Marshall
or other Person who makes this Return

Address, 71 Broadway, Allegheny

Remarks, _____

RETURN OF A BIRTH

62085

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~1st~~

MAR 10 1892

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar 8th

4. Place of Birth, (Street and Number)

28 Dawson St.

5. Full Name of Mother.

Mary Mary

6. Mother's Maiden Name,

Mary Thie

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Haas

9. Father's Occupation,

Germany

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

John G. Womble

Address,

28 W. Lombard

Remarks,

RETURN OF A BIRTH

62086

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st

Female

White

March 5th 1883

102 Forest St.

Elizabeth Stemberger

Elizabeth Weigand

Germany

Alexander Stemberger

Liquor Dealer

Germany

Wm. Whitridge

RETURN OF A BIRTH

62087

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5 March 1880

4. Place of Birth, (Street and Number)

Batte Thames st No 61

5. Full Name of Mother,

A Kaplan

6. Mother's Maiden Name,

A. Pavlik

7. Mother's Birthplace,

Bahenia

8. Full Name of Father,

Jos. Kaplan

9. Father's Occupation,

Laborer

10. Father's Birthplace:

Bahenia

Name of Medical Attendant,

or other Person who makes this Return

Mary O'Leary

Address,

67 N. Washington st

Remarks,

Mary O'Leary

RETURN OF A BIRTH

12088

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seven Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5 of March 1883*
4. Place of Birth, (Street and Number) *55 Cambridge St*
5. Full Name of Mother, *Mary Myers*
6. Mother's Maiden Name, *Mary Williamson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Gerhart Myers*
9. Father's Occupation, *Stevordore*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *No 12 Patterson Park av*
- Remarks,

RETURN OF A BIRTH

62089

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5 of March 1883

4. Place of Birth, (Street and Number)

41 Bradford Alley

5. Full Name of Mother,

Annie George

6. Mother's Maiden Name,

Shoemaker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Poull George

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Prussian

Name of Medical Attendant,

or other Person who
makes this Return

Mrs Wiley

Address,

No 12 Patterson

Park Dr

Remarks,

RETURN OF A BIRTH ⁶²⁰⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. ☒, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

5 March

4. Place of Birth, (Street and Number)

128 Central Avenue

5. Full Name of Mother,

Bristini Gumm

6. Mother's Maiden Name,

Krause

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Gumm

9. Father's Occupation,

Fruit-packer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Carper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH.

63091

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAY
16
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) White Boy
2. Race or Color (if not of the white race) White
3. Date of Birth March 5 1883
4. Place of Birth (Street and Number) 60 Thames St
5. Full Name of Mother Elizabeth Goodhue
6. Mother's Maiden Name Do Douglass
7. Mother's Birthplace Baltimore
8. Full Name of Father Ferdinand Goodhue
9. Father's Occupation Boarding House Keeper
10. Father's Birthplace New York
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address Name of Child James Goodhue
- Remarks

RETURN OF A BIRTH 63092

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 5th / 1883

4. Place of Birth, (Street and Number)

#198 S. Durham St

5. Full Name of Mother,

Mary Coleman

6. Mother's Maiden Name,

Mars

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Coleman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs Loris Kraft

Address,

236 Canton St

Remarks,

RETURN OF A BIRTH

62093

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. ☒ (state whether male or female) *son and daughter*
2. Race or Color, (if not of the white race) *brown skin*
3. Date of Birth, *fifth of March 1883*
4. Place of Birth, (Street and Number) *St. No. 6. parish ab*
5. Full Name of Mother, *Mary Jane Jane*
6. Mother's Maiden Name, *Mary Jane Smith*
7. Mother's Birthplace, *West morland County Va*
8. Full Name of Father, *William Jane*
9. Father's Occupation, *Coachman*
10. ☒ Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Lydia Somerville*
- Address, *13 Clinton avenue*
- Remarks,

RETURN OF A BIRTH 62094

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 5 1883

4. Place of Birth, (Street and Number)

No 246 William Street

5. Full Name of Mother,

Wigona A. Stewart

6. Mother's Maiden Name,

do Lambich

7. Mother's Birthplace,

Boston city, ma

8. Full Name of Father,

John A. Stewart

9. Father's Occupation,

Engineer

10. Father's Birthplace,

England

Name of Medical Attendant,

or other Person who makes this Return

Dr. Hinton

Address,

No 634 South Charles Street

Remarks,

RETURN OF A BIRTH

62098

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th of March

4. Place of Birth, (Street and Number) No 89 Ridgely st

5. Full Name of Mother, Minnie Weibrecht

6. Mother's Maiden Name, Minnie Aider

7. Mother's Birthplace, Germania

8. Full Name of Father, Conrad Weibrecht

9. Father's Occupation, Cooper

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return

Ruff Munn

Address, 1 Seaburyfall st

Remarks,

RETURN OF A BIRTH

62096

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. *Sex*, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *5th March 1883*
4. Place of Birth, (Street and Number) *48 Mr. Henry Street*
5. Full Name of Mother, *Louise Friede*
6. Mother's Maiden Name, *Louise Schrahr*
7. Mother's Birthplace, *Richmond, Va. county*
8. Full Name of Father, *R. Geostar Friede*
9. Father's Occupation, *German Actor*
10. Father's Birthplace, *Schreiberkau R. Hirschberg Prov. Schlesien Sm.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Seebach*
- Address, *No 439 W. Pratt Street Baltimore*
- Remarks,

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62097

24

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 5th 1883.

4. Place of Birth (Street and Number)

180 N. Baltimore St.

5. Full Name of Mother

Maud Mansfield

6. Mother's Maiden Name

Roach

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas. T. Mansfield

9. Father's Occupation

Clerk.

10. Father's Birthplace

Maryland

Name of Medical Attendant,

or other Person who makes this Return.

J. L. Linticum
384 W. Fayette St.

Address

Remarks

RETURN OF A BIRTH *62095*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
- Sex, (state whether male or female) *female*
- Race or Color, (if not of the white race) *white*
- Date of Birth, *5 March 1883*
- Place of Birth, (Street and Number) *112 Mullikin St.*
- Full Name of Mother *Lizzie Piddigote*
- Mother's Maiden Name, *Heinemann*
- Mother's Birthplace, *Balt. Md.*
- Full Name of Father, *Andre Piddigote*
- Father's Occupation, *Laborer*
- Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Rosa Ulbrig*
- Address, *48 The Canal St Balt*
- Remarks,

MAR
19
1883

RETURN OF A BIRTH 62099

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 5 March

4. Place of Birth, (Street and Number) 15 Enoch St

5. Full Name of Mother, Bertha Ullmann

6. Mother's Maiden Name, " Blum

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Aphraha Ullmann

9. Father's Occupation, Dry Good Store

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Ullig
4876 Hollan St Balt

RETURN OF A BIRTH *62100*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *6*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *5 March*

4. Place of Birth, (Street and Number) *146 W. Eldery St.*

5. Full Name of Mother, *Carrie Hassan*

6. Mother's Maiden Name, *" Cross*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Cecil Hassan*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *New Orleans*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Rosa W. Mitty*

Address,

*48 Holland St.
Balt.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62101

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

APR 8 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

5 March

4. Place of Birth (Street and Number)

Stockholm Street 41

5. Full Name of Mother

Mary " Dorsey

6. Mother's Maiden Name

Mary Clark

7. Mother's Birthplace

Eastern Shore Md

8. Full Name of Father

Geo Dorsey

9. Father's Occupation

Oyster Shucker

10. Father's Birthplace

harrisburg Pa

Name of Medical Attendant, or other Person who makes this Return.

Lorne Childs

Address

22 Stockholm St

Remarks

RETURN OF A BIRTH

62102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

157
1933

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 5 1883

4. Place of Birth, (Street and Number)

38 N Harmon St

5. Full Name of Mother,

Matilda Wunden

6. Mother's Maiden Name,

Brohm

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank J Wunden

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. D. B. Clark M.D.

Address,

108 Paca St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62103

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 of March 1882

4. Place of Birth, (Street and Number) No. 189 Pratt St

5. Full Name of Mother, Lizzy Schmitt

6. Mother's Maiden Name, Lizzy Kellerman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Schmitt

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Sabrina Greenhalgh

Address, 11212 West St

Remarks,

RETURN OF A BIRTH

62104

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth
Male

MAY
1903

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 5, 1888

4. Place of Birth, (Street and Number)

87 E. Biddle St.

5. Full Name of Mother,

Mary H. Woodward

6. Mother's Maiden Name,

Gillespie

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robt. A. Woodward

9. Father's Occupation,

Painter

10. Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allen

Address, 286 N. Tenth St.

Remarks,

RETURN OF A BIRTH

62105

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 5, 1883

4. Place of Birth, (Street and Number)

275 N. Anne St.

5. Full Name of Mother,

Lisa A. Gray

6. Mother's Maiden Name,

Esle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Elijah H. Gray

9. Father's Occupation,

Mariner

10. Father's Birthplace,

MD

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 232 N. Trench st

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62106

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAY
19
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 5th/83
4. Place of Birth (Street and Number)
5. Full Name of Mother Bessie Prescott
6. Mother's Maiden Name M. C. Fadden
7. Mother's Birthplace Prince Edward's Island
8. Full Name of Father Charles Prescott
9. Father's Occupation Trader
10. Father's Birthplace
- Name of Medical Attendant, or other Person who makes this Return. M. A. Hoane M. D.
- Address 116 North Caroline St. Balt. Md.
- Remarks

RETURN OF A BIRTH

62107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

64

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 5. 83.

4. Place of Birth, (Street and Number)

2 Loxham Str 77

5. Full Name of Mother

Frederica Hulsch

6. Mother's Maiden Name,

Berny

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Johan Hulsch

9. Father's Occupation,

Wurstmaaker

10. Father's Birthplace,

Bavaria

Name of Medical Attendant,

or other Person who
makes this Return

Wm. F. Bauerbach

Address,

2 Loxham Str 77

Remarks,

RETURN OF A BIRTH

62105

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
9
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 6th

4. Place of Birth, (Street and Number)

St. Vincent's Infant Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Lena Couley

7. Mother's Birthplace,

Ma

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sister of Charity

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

62109

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR
9
1883

Mother (state whether 1st, 2d, 3d, &c) 2nd

her Male or Female) Female

(if not of the white race) Colored

March Tuesday 6th 1883

(Street and Number) Charlton Street

Mother Maggie Johnson

Name I don't know.

Place

Father Franklin Johnson

Occupation Labourer

Place I don't know.

Attendant, or other Person who makes this Return.

Caroline Stewart

The baby is very healthy, it is a fine child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

C.

3. Date of Birth,

March 6 - 1883

4. Place of Birth, (Street and Number)

226 Preston St

5. Full Name of Mother,

Mary Williams

6. Mother's Maiden Name,

Harvey

7. Mother's Birthplace,

Balto Co Md

8. Full Name of Father,

Joshua Williams

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

D R Winslow

Address,

201 W. Biddle St

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62111

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 6, 1883.*
4. Place of Birth (Street and Number) *372 Myrtle St.*
5. Full Name of Mother *Lezzie Steinbach*
6. Mother's Maiden Name *Newbauer*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John P. Steinbach*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *J. G. S. S. S. S.*
- Address *584 W. Fayette St.*
- Remarks

RETURN OF A BIRTH

62112

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. ☒, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 6th 1883

4. Place of Birth, (Street and Number)

614 Light

5. Full Name of Mother,

Elizabeth Lane

6. Mother's Maiden Name,

Kratz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles E. Lane

9. Father's Occupation,

Grocery Store Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooper M.D.
per 11/3

Address,

Remarks,

RETURN OF A BIRTH

62113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2nd 5th
Female
White
March 6th - 1886
39 Hamburg St
Margaret A. Miles
Crouch
Baltimore
George Miles
Lafayette
Theodore Cooper M.D.
per

RETURN OF A BIRTH 62114

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
10
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) ☒ male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 26, 1893

4. Place of Birth, (Street and Number) S. W. corner of Park St. & Lombard St.

5. Full Name of Mother, Lina Roth.

6. Mother's Maiden Name, Lina Hildgen

7. Mother's Birthplace, Solbach, Pr. Hessen, Germany

8. Full Name of Father, Johann Roth.

9. Father's Occupation, grocer

10. Father's Birthplace, Solmarz, Pr. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, 124 Talbot St. 1st Fl.

Remarks,

RETURN OF A BIRTH

62115

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. ☒ Male, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Dark complexion*
3. Date of Birth, *March 6th 1883*
4. Place of Birth, (Street and Number) *# 11 Hamilton St*
5. Full Name of Mother, *Kate Davis Neal*
6. Mother's Maiden Name, *" Davis*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *Allen Neal*
9. Father's Occupation, *Stevordore*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*
- Address, *6 Hamilton St*
- Remarks,

RETURN OF A BIRTH

62116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th 1883
4. Place of Birth, (Street and Number) Hamburg St No 74.
5. Full Name of Mother, Emma Linthime
6. Mother's Maiden Name, Emma Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Linthime
9. Father's Occupation, Watchman
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mary E Anderson
- Address, No 10 Blys Street
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

62117

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
12
1893

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

March 6

4. Place of Birth (Street and Number)

218 Bidle Street No. 4

5. Full Name of Mother

Margaret Gwinn

6. Mother's Maiden Name

M. M. Battenez

7. Mother's Birthplace

Ireland

8. Full Name of Father

John Gwinn

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Dublin, Ireland

Name of Medical Attendant, or other Person who makes this Return.

J. E. Shuter M.D.

Address

211 Argyle St

Remarks

RETURN OF A BIRTH 62118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 6th*

4. Place of Birth, (Street and Number) *Baltimore Storratt St N^o 22*

5. Full Name of Mother, *(Catherine) (True) Ferree*

6. Mother's Maiden Name, *Caroline Clements*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Alexander (True) Ferree*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Mitchell*

Address, *N^o 58 Park St.*

Remarks,

RETURN OF A BIRTH ⁶²¹¹⁹

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

8 August Charles

Male

White

March 6 1883

24 Thaum

Louise Hansen

Miller

Germany

George Hansen

Schoolmaster

Germany

Mrs Louise Kraft

236 Canton Ave

GIVEN NAME ADDED. 2-20-52

RETURN OF A BIRTH

62120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2ⁿ*

1. ☒ (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 6 1883*

4. Place of Birth, (Street and Number) *Randell street near light*

5. Full Name of Mother, *Mary E Keramer*

6. Mother's Maiden Name, *Mary Booze*

7. Mother's Birthplace, *Balt city md*

8. Full Name of Father, *George Keramer*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Balt city md*

Name of Medical Attendant, *E. Anton*
or other Person who makes this Return

Address, *634 South Charles street*

Remarks,

RETURN OF A BIRTH 62121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 6th, 1883.

4. Place of Birth, (Street and Number) No. 16 Horn St.

5. Full Name of Mother, Sarah Nicholson

6. Mother's Maiden Name, Sarah Courtney

7. Mother's Birthplace, East India

8. Full Name of Father, James Nicholson

9. Father's Occupation, Laborer

10. Father's Birthplace, East India

Name of Medical Attendant, or other Person who makes this Return W. A. Butt

Address, 1018 5th St. cor. Central av. & Monument St.

Remarks, All Well

RETURN OF A BIRTH

62122

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *6 Nov 1883*

4. Place of Birth, (Street and Number) *N. 85 S Scharp Street*

5. Full Name of Mother, *Elizabeth Hoernig*

6. Mother's Maiden Name, *Wirth*

7. Mother's Birthplace, *Holzhausen Germany*

8. Full Name of Father, *George Hoernig*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Völkberg Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. H. H. H. H.*

Address, *1 S. Scharp St.*

Remarks,

RETURN OF A BIRTH 62123

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 6 1883

4. Place of Birth, (Street and Number)

141 Pearce St

5. Full Name of Mother,

Lizzie Schreiner

6. Mother's Maiden Name,

Lizzie Spang

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Schreiner

9. Father's Occupation,

Painter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. A. M. M. M. M.

Address,

345 Penna ave

Remarks,

RETURN OF A BIRTH 62124

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 6th 1883

4. Place of Birth, (Street and Number) 755 Columbia Ave.

5. Full Name of Mother, Margt. Langsdorf

6. Mother's Maiden Name, Muhl

7. Mother's Birthplace, Legli-Papstadt, Wurtemb.

8. Full Name of Father, August Langsdorf

9. Father's Occupation, Cigar Manufacturer

10. Father's Birthplace, Minden, Prussia

Name of Medical Attendant, or other Person who makes this Return Catherine Seebach

Address, 439 West Pratt St.

Remarks,

RETURN OF A BIRTH

62 125

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd. Child.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *March 6th 1883.*

4. Place of Birth, (Street and Number) *N. E. Corner, Ave. & Chase St.*

5. Full Name of Mother, *Jane Fisher.*

6. Mother's Maiden Name, *Fisher.*

7. Mother's Birthplace, *Fredricks, Md.*

8. Full Name of Father, *Conrad A. Fisher.*

9. Father's Occupation, *Shoe Maker.*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*John W. White, M.D.
342 N. Broadway.*

of 1883 parents, and the maiden name of the mother of each child or child.

RETURN OF A BIRTH

63123

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 6th 1883

4. Place of Birth, (Street and Number)

No 5 S. Registe st

5. Full Name of Mother,

Sophia Seidler

6. Mother's Maiden Name,

Idha

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Geo. Seidler

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

128 Bank st

Remarks,

RETURN OF A BIRTH 62129

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *Black*
- Date of Birth, *3-6-83*
- Place of Birth, (Street and Number) *53 Stockton Alley*
- Full Name of Mother, *Mollie Jones Towler*
- Mother's Maiden Name, *" "*
- Mother's Birthplace, *Baltimore, Md.*
- Full Name of Father, *Frank O. Towler*
- Father's Occupation, *Custodian*
- Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this return *L. P. J. Paul*
- Address, *46 N. Fayette St.*
- Remarks, *Registered*

RETURN OF A BIRTH

6128

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child ☒ Mother, (state whether 1st, 2d, 3d, &c.) Sarah Morris 1st
(state whether male or female) a male child
or Color, (if not of the white race) Colored
of Birth, March 6th 1883
of Birth, (Street and Number) 10.3. Plum Alley
Name of Mother, Sarah Anthony
Mother's Maiden Name, Sarah Morris
Mother's Birthplace, Accomac County Va
Name of Father, Tapolan Anthony
Father's Occupation, follows the water
Father's Birthplace, Accomac County Va
Name of Medical Attendant, Lucy Sidney
or other Person who makes this Return
No. 1 Patapomee at Mount Hill Maryland
Remarks,

RETURN OF A BIRTH.

63129

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1893

the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *6th of March,*
4. Place of Birth (Street and Number) *Bluest alley No 9.*
5. Full Name of Mother *Annie Marie Williams.*
6. Mother's Maiden Name *Annie Marie Grant.*
7. Mother's Birthplace *Colbert Ad. County Md.*
8. Full Name of Father *John Thomas Williams.*
9. Father's Occupation *Seaman.*
10. Father's Birthplace *West river.*
- Name of Medical Attendant, or other Person who makes this return *Abella Brooks.*
- Address *210 Warner st Between Cross & West st.*
- Remarks *Doing Well.*

RETURN OF A BIRTH 62130

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. ☒ of Child of Mother. (state whether 1st, 2d, 3d, dec.) *1st*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *March 6th 1882*
5. Place of Birth, (Street and Number) *8 Wilex St.*
6. Full Name of Mother, *Annie Conway*
7. Mother's Maiden Name, *Sperry*
8. Mother's Birthplace, *Freeland*
9. Full Name of Father, *James Conway*
10. Father's Occupation, *Laborer*
11. ☒ Father's Birthplace, *Baltimore Md.*
12. Name of Medical Attendant, or other Person who makes this Return *Mrs. Anna Millesist*
13. Address, *182 E Monument St.*
14. Remarks.

RETURN OF A BIRTH 62131

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 6th 1888

4. Place of Birth, (Street and Number)

107 High St.

5. Full Name of Mother,

Mary Agilla

6. Mother's Maiden Name,

Matric

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Charles A. Agilla

9. Father's Occupation,

Painter

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Mrs. James Halligan

Address,

182 E. Woodward St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

65-

RETURN OF A BIRTH

62132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 6/03

4. Place of Birth, (Street and Number) 214 Franklin St.

5. Full Name of Mother, Cornelia Odendhal

6. Mother's Maiden Name, Cornelia Gramb.

7. Mother's Birthplace, New York

8. Full Name of Father, Lucia C. Odendhal

9. Father's Occupation, Prof Music

10. Father's Birthplace, France

Name of Medical Attendant, or other Person who makes this Return

Address, Mellor Mrs

Remarks, 188 Franklin

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁶²¹³³

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Female
White
March 7th 1883
96 Madison Hall St
Annie Krumbarger
" Pattenbelt
of Baltimore
Louis O. Krumbarger
Cigar Maker
" " " "
Theodore Cooke M.D.
Jan 2, 1883

RETURN OF A BIRTH.

62134

MAR
10
1883

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *seventh Child first Mother*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *Black race*
3. Date of Birth *seventh day of March*
4. Place of Birth (Street and Number) *No. 44 S. Chapple St.*
5. Full Name of Mother *Mary Roberts*
6. Mother's Maiden Name *Mary Jones*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Horatia Roberts*
9. Father's Occupation *Steward*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Mary Trelove*
- Address *No. 37 Madeira Alley*
- Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 62135

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 7th

4. Place of Birth, (Street and Number) No. 93 Granby St.

5. Full Name of Mother, Louisa B. Rohlfink

6. Mother's Maiden Name, " Schanberg.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Rohlfink

9. Father's Occupation, Labor work

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Sophia Lumen
9320 Granby

RETURN OF A BIRTH 62136

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th March 1887
4. Place of Birth, (Street and Number) Baltimore Washington St No 344
5. Full Name of Mother, Mrs. Mashek
6. Mother's Maiden Name, M. Bartosh
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Geo. Mashek
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address, 29 N. Washington St

Remarks,

Mary O'Connell

RETURN OF A BIRTH 62127

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th March 1883

4. Place of Birth, (Street and Number) Balto Washington St No 344

5. Full Name of Mother, M. Mashek

6. Mother's Maiden Name, M. Bartosh.

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos. Mashek

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary O'Leary

Address, 69 N. Washington St

Remarks, Mary O'Leary

RETURN OF A BIRTH 62138

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 March 1883
4. Place of Birth, (Street and Number) Balt Chapel St No 50
5. Full Name of Mother, Mary Keenan
6. Mother's Maiden Name, Mary Blaha
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Emil Keenan
9. Father's Occupation, Tailor
10. Mother's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return, Mary O'Connell
- Address, 69 N. Washington St
- Remarks, Mary O'Connell

RETURN OF A BIRTH

62139

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th 1883
4. Place of Birth, (Street and Number) 518 Canton Ave
5. Full Name of Mother, Varonika Pietsoh
6. Mother's Maiden Name, Leuer
7. Mother's Birthplace, Germany
8. Full Name of Father, Johannes Pietsoh
9. Father's Occupation, Stevedore
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs. Miley
- Address, No 12 Patterson Park av
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

1 () Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62141

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

131
103

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

March 7th 1883.

No 56 N. Green St.

Terese Hallaron.

Terese Amelia.

Ireland

Michael Hallaron.

Plumbing & Gas Fitting.

Ireland

J. Ridgway Andre M.D.,
121 E. Balto. St

RETURN OF A BIRTH 62142

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 7th 1883

4. Place of Birth, (Street and Number)

No 798 1/2 Charles st.

5. Full Name of Mother,

Margaret Randall

6. Mother's Maiden Name,

Schafer

7. Mother's Birthplace,

America

8. Full Name of Father,

Charles Randall

9. Father's Occupation,

Painter

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohmeyer midwife
330 Hanover st

Address,

Remarks,

RETURN OF A BIRTH 62143

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 22

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 March

4. Place of Birth, (Street and Number)

5 Watson street

5. Full Name of Mother,

Mattie Megcafe

6. Mother's Maiden Name,

Megdonl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Megcafe

9. Father's Occupation,

labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard street

Remarks,

RETURN OF A BIRTH 62144

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 March

4. Place of Birth, (Street and Number)

28 Spring road

5. Full Name of Mother,

Maggie Barret

6. Mother's Maiden Name,

Conly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank M. Barret

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH ⁶²¹⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 7th 1883

4. Place of Birth, (Street and Number)

Baltimore Bartlett St No. 17

5. Full Name of Mother,

Elizabeth Howard.

6. Mother's Maiden Name,

Craft

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Samuel Howard.

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Washington

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 5th Parkin St.

Remarks,

RETURN OF A BIRTH 62146

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~ 3d, &c.)

Third child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

7 day of March

4. Place of Birth, (Street and Number)

Springfield street 33

5. Full Name of Mother,

Leah Estlin

6. Mother's Maiden Name,

Leah White

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Estlin

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Harry M. M. M.

Address,

1 Lardnerfall St

Remarks,

RETURN OF A BIRTH

62147

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 7 of March

4. Place of Birth, (Street and Number) 1245 Clarkson St.

5. Full Name of Mother, Sophia Hoppe

6. Mother's Maiden Name, Sophia Windus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles H. Hoppe

9. Father's Occupation, Seaman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Minch

Address, 1245 Leadenhall St. Baltimore

Remarks,

RETURN OF A BIRTH 62148

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 7th 1883*
4. Place of Birth, (Street and Number) *99 E. Stricker St.*
5. Full Name of Mother, *Ellen M. Moran*
6. Mother's Maiden Name, *Dew*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Washington E. Moran*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Fredrick, Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

John W. White, M.D.
342 N. Broadway

Each record was her own birth or sex, the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62149

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *March 7th 1883*
4. Place of Birth (Street and Number) *139 S Charles*
5. Full Name of Mother *Ellen Berger*
6. Mother's Maiden Name *" Ramsey*
7. Mother's Birthplace *Balto*
8. Full Name of Father *John Berger*
9. Father's Occupation *Finisher*
10. Father's Birthplace *Balto*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. A. Lewis*
- Address *162 N. Howard St*
- Remarks

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

62150

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Joseph Allen Tinker

of Mother (state whether 1st, 2d, 3d, &c.)

3

Whether Male or Female) Male

or (if not of the white race) White

Birth March 7th halfpast six in morning 1882

Place (Street and Number) Sterling St 176 Baltimore

of Mother Ellen Tinker

Residence Name Hagerman

Birthplace Gettysburg

of Father William Tinker

Occupation Painter

Residence Washington

Medical Attendant, or other Person who makes this Return.

Mrs Mary Martin
195 Forest St.

Healthy Child

GIVEN NAME INDEXED

1-7-54

L. M.

born, live or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

62151

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

16
1893

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 7th 1893
4. Place of Birth (Street and Number) 26 N. Arlington Ave
5. Full Name of Mother Catharine Cusick
6. Mother's Maiden Name Don't know
7. Mother's Birthplace Ireland
8. Full Name of Father Martin Cusick
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. B. J. Herman M.D.
- Address N 175 N Carey St.
- Remarks

RETURN OF A BIRTH

62153

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

Male 4

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March the 7 1883

4. Place of Birth, (Street and Number)

Monroe St No 34

5. Full Name of Mother,

Barbara Wilson

6. Mother's Maiden Name,

Barbara Maul

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bengamin F Wilson

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs S. Ellis

Address,

No 792 Pratt St

Remarks,

RETURN OF A BIRTH

62153

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

19
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7 of May*
4. Place of Birth, (Street and Number) *42 Rev St.*
5. Full Name of Mother, *Wilhelmine Riedel*
6. Mother's Maiden Name, *Weitenmüller*
7. Mother's Birthplace, *Heile (Bavaria)*
8. Full Name of Father, *Mathäus Riedel*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Heile (Bavaria)*
- Name of Medical Attendant, or other Person who makes this Return. *E. Balnken*
- Address, *54 Essex St.*
- Remarks,

RETURN OF A BIRTH

62154

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female) ..

Female

3. Race or Color, (if not of the white race) ..

Colored

4. Date of Birth,

March 7. 1883

5. Place of Birth, (Street and Number)

52 Tyson St

6. Full Name of Mother,

Flarence Brisco

7. Mother's Maiden Name,

Flarence Mason

8. Mother's Birthplace,

Berlin

9. Full Name of Father,

John Brisco

10. Father's Occupation,

Water

11. Father's Birthplace,

Africa

Name of Medical Attendant, or other Person who makes this Return

Amelia Banks

Address,

89 Camille Alley

Remarks,

RETURN OF A BIRTH

62105

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
2

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *5th of March 1883*
4. Place of Birth, (Street and Number) *102 Lemon St.,
Marine Park*
5. Full Name of Mother, *M. Kimmel*
6. Mother's Maiden Name, *City of Baltimore*
7. Mother's Birthplace, *Marine Park*
8. Full Name of Father, *Balthus*
9. Father's Occupation, *Common*
10. Father's Birthplace, *Wendlingen, Germany*
- Name of Medical Attendant, or other Person who makes this Return *Miss Lister*
- Address, *147 1/2 Pratt St.*
- Remarks.

RETURN OF A BIRTH

62156

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 1 March

4. Place of Birth, (Street and Number) 33 S. Eolen St

5. Full Name of Mother, Hannah Katz

6. Mother's Maiden Name, Fried

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Moses Katz

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH, 62157

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 8, 1903

4. Place of Birth, (Street and Number) 496 W. Pratt St.

5. Full Name of Mother Ellen Zigler

6. Mother's Maiden Name Ellen Moore

7. Mother's Birthplace Indiana

8. Full Name of Father Edward Zigler

9. Father's Occupation Sewing Machine Agent

10. Father's Birthplace Frederick Md.

Name of Medical Attendant, or other Person who makes this Return. J. G. Hatto, M.D.

Address 202 W. Lombard St.

Remarks Above was a case of "twins" but one was still-born, which was reported on 2nd

RETURN OF A BIRTH

62155

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 9* *1233*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Thursday Ev. 8 of March, 1883*
 4. Place of Birth, (Street and Number) *No. 157 E. Biddle St.*
 5. Full Name of Mother, *Mary Jane Senft*
 6. Mother's Maiden Name, *Mrs. Jane E. Wall*
 7. Mother's Birthplace, *Hagerstown*
 8. Full Name of Father, *John Senft*
 9. Father's Occupation, *Driver*
 10. Father's Birthplace, *Baden Germany*
 Name of Medical Attendant, or other Person who makes this Return *L. A. H. Overton*
 Address, *Not given*
 Remarks, *Not given 7 months. 3-78*

RETURN OF A BIRTH

62159

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight listed

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8 of March 1883

4. Place of Birth, (Street and Number)

17 Cambridge St

5. Full Name of Mother,

Mary Caurch

6. Mother's Maiden Name,

Kordy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Caurch

9. Father's Occupation,

labore

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park av

Remarks,

RETURN OF A BIRTH

62160

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *Child 4*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *African*
4. Date of Birth, *March 8th*
5. Place of Birth, (Street and Number) *Baltimore City 17*
6. Full Name of Mother, *Mrs. M. L. Russell*
7. Mother's Maiden Name, *Mrs. L. L. Loech*
8. Mother's Birthplace, *Virginia*
9. Full Name of Father, *James Alexander Shivers*
10. Father's Occupation, *Justice of the Peace*
11. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Loech*
- Address, *37 Walnut Alley*
- Remarks,

RETURN OF A BIRTH,

62161

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15th Child

1. Sex (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

March 2nd 83

4. Place of Birth, (Street and Number)

20 Field St.

5. Full Name of Mother

Bertha Goldewey

6. Mother's Maiden Name

Leather Peter

7. Mother's Birthplace

German

8. Full Name of Father

Carl Goldewey

9. Father's Occupation

Laber

Father's Birthplace

German

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. J. Gittner

Address

245 S. Wolfe St.

Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62162

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 8th 1883

4. Place of Birth (Street and Number)

77 S. Fremont St.

5. Full Name of Mother

Kate Ladell

6. Mother's Maiden Name

Kate Hasmington

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

W. F. Ladell

9. Father's Occupation

Freeman B.C.C.

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

D. F. Phillips

Address

327 W. Lombard St.

Remarks

RETURN OF A BIRTH

62163

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

8 March

4. Place of Birth, (Street and Number)

5 Lombard street

5. Full Name of Mother.

Henryetta Gallop

6. Mother's Maiden Name.

Sesser

7. Mother's Birthplace.

Europe

8. Full Name of Father.

John Gallop

9. Father's Occupation.

Bar keeper

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address.

72 E. Lombard street

Remarks.

RETURN OF A BIRTH

62164

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 8th 1883

4. Place of Birth, (Street and Number)

Baltimore Poppleton St. No. 113

5. Full Name of Mother

Henrietta Crockett

6. Mother's Maiden Name,

Killpatrick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Crockett

9. Father's Occupation,

Dispatcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. G. Mitchell

Address,

No. 38 Parkin St.

Remarks,

RETURN OF A BIRTH

62165

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 74

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 8th 1888

4. Place of Birth, (Street and Number) 291 S. Molt St

5. Full Name of Mother, Kate Addicks

6. Mother's Maiden Name, Brunken

7. Mother's Birthplace, Germany

8. Full Name of Father, Dietrich Addicks

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Getzner

Address, No 53 S. Bond St

Remarks.

RETURN OF A BIRTH 62166

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: *Albert Horner*
of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *wht*
3. Date of Birth, *March 8th* at *7 a.m.*
4. Place of Birth, (Street and Number) *185 Preston St*
5. Full Name of Mother, *Margaret V Horner*
6. Mother's Maiden Name, *(Sisselberger)* *Sisselberger*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *Edmund W. Horner*
9. Father's Occupation, *(Fruit) Fruit Business*
10. Father's Birthplace, *Baltimore md*

Name of Medical Attendant, or other Person who makes this Return *Dr. Lane Tanuphu*

Address, *219 Madison ave*

Remarks, *Instruments and chloroform*

RETURN OF A BIRTH.

62167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR
23
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March*
4. Place of Birth (Street and Number) *Balt City*
5. Full Name of Mother *Alice E Dyer*
6. Mother's Maiden Name *Alice E Croftman*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *John Dyer*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *W Hammond M.D.*
- Address *64 W Paca St*
- Remarks *Natural Labor*

RETURN OF A BIRTH 62/68

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *3rd confinement*

1. Sex, (state whether male or female) *3 Males -*

2. Race or Color, (if not of the white race) *White -*

3. Date of Birth, *March 8/83*

4. Place of Birth, (Street and Number) *#119 McElderry St*

5. Full Name of Mother, *Mary Leubard*

6. Mother's Maiden Name, *" Prouet -*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Frederick W Leubard*

9. Father's Occupation, *Plumber & Gas Fitter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *G. F. Jay Dr. M. D*

Address, *284 N. Broadway -*

Remarks, *2 hrs. this morn. They weighed respectively,
2-7 lbs each + one 5 lbs.*

RETURN OF A BIRTH 62169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, March 8. 1883
5. Place of Birth, (Street and Number) 247 Argyle Avenue
6. Full Name of Mother, Margaret Mary Kite
7. Mother's Maiden Name, Mc Gee
8. Mother's Birthplace, Baltimore
9. Full Name of Father, George A Kite
10. Father's Occupation, Cante Merchant
11. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Marbury Brewer M.D.
- Address, 68 N. Guller Street
- Remarks,

RETURN OF A BIRTH 62170

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

APR 24 1883

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 5th 1883.

4. Place of Birth, (Street and Number)

Sp. 900 W. Pratt St.

5. Full Name of Mother,

Mary Day

6. Mother's Maiden Name,

" " Butler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Fry

9. Father's Occupation,

Householder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Annie Lindner

Address,

125 S. Monroe St.

Remarks,

RETURN OF A BIRTH 62171

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *twine 2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 8 1883*
4. Place of Birth, (Street and Number) *100 Pennsylvania ave*
5. Full Name of Mother, *Mary Dick*
6. Mother's Maiden Name, *Mary Helfrich*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Jacob Dick*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs L. Wessing etc*
- Address, *345 E. Main St*
- Remarks,

RETURN OF A BIRTH

62172

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

male

color

8 of march

Chinua St no 80

Francis Proctor

Sharps

Balto

Samuel Proctor

Porter

Balto

A. J. Wilson

cross St 368

RETURN OF A BIRTH 62173

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Thursday, March 8th*

4. Place of Birth, (Street and Number) *56 Portland Street,*

5. Full Name of Mother, *Minnie Einoff*

6. Mother's Maiden Name, *Pohlmann*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Charles Einoff*

9. Father's Occupation, *Baker*

10. Mother's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Mrs. Catharine Seibach

Address, *439 West Pratt.*

Remarks,

RETURN OF A BIRTH

62174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 8/83*

4. Place of Birth, (Street and Number) *387 Franklin*

5. Full Name of Mother, *Anna L. Cantrich*

6. Mother's Maiden Name, *" " Leroy*

7. Mother's Birthplace, *Md*

8. Full Name of Father, *Benj F. Cantrich Jr.*

9. Father's Occupation, *Paper Hanger*

10. Father's Birthplace, *Md*

Name of Medical Attendant, or other Person who makes this Return

J. Meller Mrs

Address,

188 Franklin

Remarks,

RETURN OF A BIRTH 62175

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 8/03

4. Place of Birth, (Street and Number) 468 Madison Ave

5. Full Name of Mother, Lillie Lynn

6. Mother's Maiden Name, Lillie Bengtson

7. Mother's Birthplace, Md

8. Full Name of Father, William L. Lynn

9. Father's Occupation, Merchant

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. Meller M.D.
188 Franklin

RETURN OF A BIRTH

62176

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 8th 1883

4. Place of Birth, (Street and Number)

1224 N. Pratt St.

5. Full Name of Mother,

Gertrude Harkins

6. Mother's Maiden Name,

" " Meyer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Harkins

9. Father's Occupation,

Hard Worker

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Anna Lindner

Address,

No 40 S. Howard St.

Remarks,

62177

MAR
17
1993

3⁰ cher

mall

white

8. march 1883

86- p Broadway

Mrs Lizzie Abraham

Lucy

Manlyan

Joseph Abraham

Marchant

Manlyard

Isa Baumgarten

Mc Car Broadway & Park St

PRINTER & STATIONER, BALT.

RETURN OF A BIRTH

62178

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

MAR
17
1893

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 8th 1893

4. Place of Birth, (Street and Number)

No 4 Spruce Alley

5. Full Name of Mother,

Mrs Jennie Hopkins

6. Mother's Maiden Name,

Miss Jennie Benty

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Albert J. Hopkins

9. Father's Occupation,

Labour

10. Mother's Birthplace,

Kent County Maryland

Name of Medical Attendant, or other Person who makes this Return

Mrs Rachel A. Lowell

Address,

No 65 Burke Street

Remarks,

RETURN OF A BIRTH 62179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Caucasian
 3. Date of Birth, 8 March 1883
 4. Place of Birth, (Street and Number) W. 14th St. 243
 5. Full Name of Mother, William J. Johnson
 6. Mother's Maiden Name, William J. Johnson
 7. Mother's Birthplace, Baltimore, Centre
 8. Full Name of Father, Thomas Johnson
 9. Father's Occupation, Labourer
 10. Mother's Birthplace, North Thompson and George Sts.
 Name of Medical Attendant, or other Person who makes this Return Dr. J. H. Johnson
 Address 454 W. 14th St.
 Remarks.

RETURN OF A BIRTH

6315A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

191
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 -

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, March 8th 1883.

4. Place of Birth, (Street and Number) 288 N Ann St-

5. Full Name of Mother, Lilly A. McGraw

6. Mother's Maiden Name, " " Richardson

7. Mother's Birthplace, Virginia

8. Full Name of Father, James C. McGraw -

9. Father's Occupation, Cotton Broker

10. Father's Birthplace, Baltimore City -

Name of Medical Attendant, or other Person who makes this Return

Address, Dr 238 N Broadway -

Remarks,

RETURN OF A BIRTH 62182

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 8th 1883

4. Place of Birth, (Street and Number)

Moore's Alley 83

5. Full Name of Mother,

Laura Brown

6. Mother's Maiden Name,

Laura Downs

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Downs

9. Father's Occupation,

Any thing he can get to do

10. Father's Birthplace,

Baltimore

Medical Attendant, or other Person who
makes this Return.

Charlotte G. Edwards 87 Moore's Alley

RETURN OF A BIRTH

62183

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex, (state whether male or female) *Female,*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *March 8. 1883*
 4. Place of Birth, (Street and Number) *20 N. Washington St.*
 5. Full Name of Mother, *Willie Ola Neenan*
 6. Mother's Maiden Name, *" Rose*
 7. Mother's Birthplace, *Richmond Va.*
 8. Full Name of Father, *Edw. Lyman Neenan*
 9. Father's Occupation, *Cannemaker*
 10. Father's Birthplace, *Balt. Md.*
 Name of Medical Attendant, or other Person who makes this Return *G. G. Ruck M. D.*
 Address, *Balt. & Wash. St.*
 Remark, *Natural.*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62184

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 8th 1883

4. Place of Birth, (Street and Number)

142 G. St.

5. Full Name of Mother,

Augusta Beckman

6. Mother's Maiden Name,

Groom

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Beckman

9. Father's Occupation,

Grocery Dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. David Hillegast

Address,

182 E. Monument St.

Remarks

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62185

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
2
1922

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

No. 17. Hammond St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Georgeannia Puntia

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Leas Walker

Address,

No 15. Durin Alley

Remarks,

RETURN OF A BIRTH

62186

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex. (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 9th 1913

4. Place of Birth, (Street and Number)

355 Cathedral St.

5. Full Name of Mother,

—

6. Mother's Maiden Name,

7. Mother's Birthplace,

Scotland

8. Full Name of Father,

John Mann

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other Person who makes this Return

Edw. A. Mann M.D.

Address,

291 Hoffman St.

Remarks,

in the presence, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62187

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *March the 9th year 1883*
4. Place of Birth (Street and Number) *No 32 Second Pal Street*
5. Full Name of Mother *Nancy Jackson*
6. Mother's Maiden Name *Nancy Allen*
7. Mother's Birthplace *Ston Mountain County Md.*
8. Full Name of Father *William Jackson*
9. Father's Occupation *Servant*
10. Father's Birthplace *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return. *Elvira Harris*
Address *No 5 Josephine*
Remarks *This child has a very soft place on the back of its head - It is a delicate child; but is doing as well as it could be expected at this time*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, *62158*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Smith.*
1. Sex (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth *March 9, 1883*
4. Place of Birth, (Street and Number) *117 Parkin St.*
5. Full Name of Mother *Elizabeth A. Mooten.*
6. Mother's Maiden Name *E. A. Rodger.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *Augustus Mooten.*
9. Father's Occupation *Blacksmith.*
10. Father's Birthplace *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *A. G. Watts, M.D.*
- Address *212 N. Lombard St.*
- Remarks

RETURN OF A BIRTH

62159

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No One Child

APR 13 1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Irish Race

3. Date of Birth,

March 9 1883

4. Place of Birth, (Street and Number)

223 Surhan St

5. Full Name of Mother,

Georgianne Collins

6. Mother's Maiden Name,

Georgianne Williams

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

Estine Sho Robert Collins

9. Father's Occupation,

Labor

Father's Birthplace,

Eastern Shore

Name of Medical Attendant, or other Person who makes this Return

Lucinda Wolford

Address,

130 Regester St

Remarks,

RETURN OF A BIRTH

6217A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

123

of the parent, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .. 11 ..
1. Sex, (state whether male or female) .. Male ..
2. Race or Color, (if not of the white race) .. White ..
3. Date of Birth, .. 9th March ..
4. Place of Birth, (Street and Number) .. Monument and 5th St ..
5. Full Name of Mother, .. Elizabeth Stout ..
6. Mother's Maiden Name, .. Elizabeth Butler ..
7. Mother's Birthplace, .. Baltimore County ..
8. Full Name of Father, .. Martin Van Loan Stout ..
9. Father's Occupation, .. Expressman ..
- Father's Birthplace, .. Baltimore ..
- Name of Medical Attendant, or other Person who make this Return .. Henry & George Mackelvey & Co. ..
- Address, .. They are doing as well as expected ..
- Remarks, ..

RETURN OF A BIRTH

62191

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 9th 1883
No 75 Portland St.
Mary Meyer
Gazert

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany
William Meyer
Laborer

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schoesser midwife
330 Hanover St.

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH, 62192

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.) 2d
Whether male or female female
or, (if not of the white race) white race
th March the 9th
th, (Street and Number) Baltimore & Hanover St No 348
of Mother Jessie Subland
iden Name Lewis
thplace Baltimore
of Father August Subland
upation laborer
thplace Baltimore
ical Attendant, or other Person who makes this Return. Elizabeth Hathorn
William St No 348

RETURN OF A BIRTH

62194

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 9th 1883

4. Place of Birth, (Street and Number)

No 220 E Bond St

5. Full Name of Mother,

Katie Glaeser

6. Mother's Maiden Name,

Hillgartner

7. Mother's Birthplace,

City

8. Full Name of Father,

Geo Glaeser

9. Father's Occupation,

Bankkeeper

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth D. Bets

Address,

120 Bond St

Remarks,

RETURN OF A BIRTH

6219.1

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
17
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 9th 1883

4. Place of Birth, (Street and Number)

No. 280 Gough Street

5. Full Name of Mother,

Mrs Mary A. Corrigan

6. Mother's Maiden Name,

Miss Mary A. Doyle

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Francis Corrigan

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Rachel A. Garrett

Address,

No 65 North St

Remarks,

RETURN OF A BIRTH

62196

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female)..... *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9th of March*
4. Place of Birth, (Street and Number) *120 south Aron st*
5. Full Name of Mother, *Kate E Blessing*
6. Mother's Maiden Name, *Kate North*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Herdiand Blessing*
9. Father's Occupation, *Laborer*
10. Mother's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Hannah Knowler*
- Address, *136 south Baltimore st*
- Remarks,

RETURN OF A BIRTH

62197

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 15 1883

B

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

7th of March 1883

4. Place of Birth, (Street and Number)

82 Edison St.

5. Full Name of Mother,

Mrs. Raush

6. Mother's Maiden Name,

Miss Ungeler

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

John Raush

9. Father's Occupation,

Seamster

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this return

Miss Miller

Address.

1017 N. Pratt St.

Remarks.

RETURN OF A BIRTH

62198

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

March 7th 1883

Place of Birth, (Street and Number)

23 Lane St

Full Name of Mother,

Ellenice M. Passmore

Mother's Maiden Name,

Piggot

Mother's Birthplace,

Italy

Full Name of Father,

Francis M. Passmore

Father's Occupation,

Fruit Dealer

Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Jones M.D.

Address,

182 E. M. Street St.

Remarks,

RETURN OF A BIRTH

62199

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 10, 1883

4. Place of Birth, (Street and Number)

No 11 N. Biddle St

5. Full Name of Mother,

Lizzie Brown

6. Mother's Maiden Name,

West

7. Mother's Birthplace,

Prince George Co Md.

8. Full Name of Father,

Allan Brown

9. Father's Occupation,

Brick-maker

10. Father's Birthplace,

A. A. Co. Md.

Name of Medical Attendant, or other Person who makes this Return

W. F. Taylor M.D.

Address,

284 N. Broadway

Remarks,

RETURN OF A BIRTH, 6530a

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth March 10th 1883

4. Place of Birth, (Street and Number) 89 Parkin St.

5. Full Name of Mother Mary Gray.

6. Mother's Maiden Name Mary Cheney.

7. Mother's Birthplace Maryland.

8. Full Name of Father Charles Gray.

9. Father's Occupation Bridge Maker.

Father's Birthplace Maryland.

Name of Medical Attendant, or other Person who makes this Return. A. G. Watts, M. D.

Address 202 N. Lombard St.

Remarks _____

RETURN OF A BIRTH

62201

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)... Colored
3. Date of Birth... March 10 1883
4. Place of Birth, (Street and Number)... Moore's Alley 107
5. Full Name of Mother... Martha Scott
6. Mother's Maiden Name... Martha Scott
7. Mother's Birthplace... Baltimore
8. Full Name of Father... Thomas Scott
9. Father's Occupation... Writer
10. Father's Birthplace... Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Charlotte G. W. W. W. 89 Moore's Alley

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether 1st, 2d, 3d, &c.)

female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 10, 1883

4. Place of Birth, (Street and Number)

No. 92 Johnson St. Balt. Md.

5. Full Name of Mother,

Elyza Bennett.

6. Mother's Maiden Name,

Elyza blond
Baltimore

7. Mother's Birthplace,

Henry Bennett

8. Full Name of Father,

Maximer

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Mrs. Nash.

Name of Medical Attendant, or other person who makes this Return

Address,

107 Johnson St. Balt. Md.

Remarks,

RETURN OF A BIRTH

63205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Joseph Franklin Richards

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white.
3. Date of Birth, March 10, 1883
4. Place of Birth, (Street and Number) 158 William St. Balt. Md.
5. Full Name of Mother, Anna Bell (Richard) Richards
6. Mother's Maiden Name, Anna Bell Tolson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph (Richard) Richards
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, 137 Johnson St. Balt. Md.

Remarks,

Know, all of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62204

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 10*
4. Place of Birth (Street and Number) *South Stricker street No 139 Baltimore*
5. Full Name of Mother *Emily Irene Huntz*
6. Mother's Maiden Name *Emily Irene Phamen*
7. Mother's Birthplace *Fredesrick County*
8. Full Name of Father *Charles Huntz*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Dayton Ohio*
- Name of Medical Attendant, or other person who makes this Return. *Mary Kraning*
- Address *60 Parriest St*
- Remarks

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62205

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
12
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

March 10th 1882

4. Place of Birth (Street and Number)

Ch. N. Ave. St.

5. Full Name of Mother

Esther Harrington

6. Mother's Maiden Name

Robinson

7. Mother's Birthplace

Calif

8. Full Name of Father

Edward Harrington

9. Father's Occupation

Car. Maker

10. Father's Birthplace

Calif

Name of Medical Attendant, or other Person who makes this Return.

J. C. Hay

Address

19 N. Broadway

Remarks

RETURN OF A BIRTH

62206

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 10th 1883

4. Place of Birth, (Street and Number)

St. Vincent's Infant Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Philomena Rose

7. Mother's Birthplace,

D. C.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Sister of Charity

Address,

Remarks,

RETURN OF A BIRTH

62207

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 10th 1883

4. Place of Birth, (Street and Number)

No. 300 Hanover st.

5. Full Name of Mother,

Cristine Roeth

6. Mother's Maiden Name,

Rheinlander

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Kristoph Roeth

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife
330 Hanover st.

Address,

Remarks,

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62208

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex (state whether Male or Female)

Male Child

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

March 10 1883

4. Place of Birth (Street and Number)

Waller Street, No. 30.

5. Full Name of Mother

Berther. J. Efest.

6. Mother's Maiden Name

Berther. J. Banks.

7. Mother's Birthplace

Dorchester County M.D.

8. Full Name of Father

Samuel Efest.

9. Father's Occupation

Sailor.

10. Father's Birthplace

California.

Name of Medical Attendant, or other Person who makes this return

Address

West 1st 155 Dianna Camphor

Remarks

Very good condition

RETURN OF A BIRTH,

63209

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 10th 1883

4. Place of Birth, (Street and Number) No. 152 N. Charles

5. Full Name of Mother Ellie Moore

6. Mother's Maiden Name Ellie Ething

7. Mother's Birthplace Baltimore

8. Full Name of Father Dr. Wm. A. Moore

9. Father's Occupation Physician

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. B. O'Hildone Jr

Address 146 Park Avenue

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

62210

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

13
1923

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Baltimore

1. Sex, (state whether male or female)

Clara Holland at 4 1/2 yrs

2. Race or Color, (if not of the white race)

A phil O plaker peter

3. Date of Birth,

4. Place of Birth, (Street and Number)

gall with to a floral building

5. Full Name of Mother,

on the 10th of March at 11 1/2

6. Mother's Maiden Name,

Clack from father at 4 1/2 yrs

7. Mother's Birthplace,

Born at 14 yrs 2nd at 11

8. Full Name of Father,

Clare Peter Born in Mock 17

9. Father's Occupation,

in Howard County 12 01 at 22

10. Mother's Birthplace,

Race Callard

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Permyington Easter St

Address,

94

Remarks,

RETURN OF A BIRTH

62211

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 March 1883
4. Place of Birth, (Street and Number) 230 E. Lombard street
5. Full Name of Mother, Bridget Ager
6. Mother's Maiden Name, Gada
7. Mother's Birthplace, Ireland
8. Full Name of Father, Mike Ager
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address, 72. E. Lombard street
- Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH,

63312

The Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Mother, (state whether 1st, 2d, 3d, &c.) _____ 11
 whether male or female) _____ Male
 Color, (if not of the white race) _____ white race
 Birth _____ March the 10th
 Birth, (Street and Number) _____ Baltimore Johnson St. No 282
 of Mother _____ Ann Elizabeth Johnson
 Maiden Name _____ white
 Birthplace _____ Delaware
 of Father _____ William Johnson
 Occupation _____ waterman
 Birthplace _____ Baltimore
 Medical Attendant, or other Person who makes this Return. _____ Elizabeth Kathern
 _____ William St. No 244

RETURN OF A BIRTH

62213

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

March 10th 1883

Mount. Minors

Mary Whalen

French

Baltimore

Andrew Whalen

Watch man

Baltimore

Mrs. C. Mitchell

N^o. 58 Parkin st.

MAR 10 1883

RETURN OF A BIRTH

62214

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March. 16th. 1883.

4. Place of Birth, (Street and Number)

Baltimore Ramsey st N^o. 26

5. Full Name of Mother.

Annie Thomas

6. Mother's Maiden Name,

.. Loures

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

William Thomas

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. G. Mitchell

Address,

N^o. 38 Parker st.

Remarks,

RETURN OF A BIRTH 62215

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 March

4. Place of Birth, (Street and Number) 182 Hamburg St.

5. Full Name of Mother, Kate Treuting

6. Mother's Maiden Name, Stibel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Treuting

9. Father's Occupation, Cigar Box Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH *62216*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3.*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

10 March

4. Place of Birth, (Street and Number)

66 President street

5. Full Name of Mother,

Catherine Fermerce

6. Mother's Maiden Name,

Fermerce

7. Mother's Birthplace,

Stila

8. Full Name of Father,

Joseph Fermerce

9. Father's Occupation,

Musicianer

10. Father's Birthplace,

Stila

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. B. Lombard street.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
17
1903

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *March 10th*
3. Date of Birth, *Premont L. & Co. Lardner*
4. Place of Birth, (Street and Number) *Matthias Spendorf*
5. Full Name of Mother, *Matthias Lardner*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *John Spendorf*
8. Full Name of Father, *Carpenter & Saloon Keeper*
9. Father's Occupation, *Fenningham (Germany)*
10. Father's Birthplace, *John Holman M.D.*
- Name of Medical Attendant, or other Person who makes this Return *120 Pearl St. Baltimore*
- Address, *Remarks,*

RETURN OF A BIRTH

62218

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th of March

4. Place of Birth, (Street and Number) Baltimore L Patterson Sub Ave

5. Full Name of Mother, Kate West

6. Mother's Maiden Name, Kate Moore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Garrison J West

9. Father's Occupation, Carver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Hannah Knicker

Address, 138 south Calabine st

Remarks,

RETURN OF A BIRTH

62219

To the Office of Registrar of Vital Statistics, Board of Health,

George A. Burgess
BALTIMORE CITY.

March
22
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 10 4- 1883*

4. Place of Birth, (Street and Number) *No. 1111 N. O. Henry St.*

5. Full Name of Mother, *Sarah J. Burgess*

6. Mother's Maiden Name, *" Mathison*

7. Mother's Birthplace, *Washington*

8. Full Name of Father, *John W. Burgess*

9. Father's Occupation, *machinist*

10. Father's Birthplace, *Land Prince George County*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. L. Linnard*

Address, *No. 86 Frederick Ave*

Remarks, *Delicate - Child*

RETURN OF A BIRTH, 6222A

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 16 1893

Mother, (state whether 1st, 2d, 3d, &c.) _____ 4
Whether male or female _____ male
, (if not of the white race) _____ white race
Date _____ March 12 1893
Place, (Street and Number) _____ Baltimore Battery at St 141
Mother's Name _____ Ida B Bigger
Child's Name _____ Ida B Kirby
Place _____ Baltimore
Father's Name _____ John Bigger
Place _____ Glass Center
Place _____ Baltimore
Medical Attendant, or other Person who makes this Return. _____ Sellsstein Company
Baltimore Battery at St 131

RETURN OF A BIRTH 62221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

MAR
16
1893

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

March 16 1883

4. Place of Birth, (Street and Number)

1 Concord Alley

5. Full Name of Mother,

Emma Cooper

6. Mother's Maiden Name,

Emma Blane

7. Mother's Birthplace,

Horton Virginia Long Glade

8. Full Name of Father,

John Cooper

9. Father's Occupation,

Labor

10. Father's Birthplace,

Eastern Shore

Name of Medical Attendant, or other Person who makes this Return

Lucinda Woolford

Address,

130 Register St

Remarks,

RETURN OF A BIRTH

62932

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) *1st.*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth. *March 10th 1883*
4. Place of Birth, (Street and Number) *145 Albemarle st.*
5. Full Name of Mother *Anna Lions*
6. Mother's Maiden Name, *Indie*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael Lions*
9. Father's Occupation,
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. E. Bernstein*
- Address, *113 E. Lombard st.*
- Remarks,

RETURN OF A BIRTH

62225

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

19
1903

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female)..... *female*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth, *10 of March* *Monuments Street* *near*
4. Place of Birth, (Street and Number)..... *East St.*
5. Full Name of Mother, *Virginie Richardson*
6. Mother's Maiden Name, *Ford*
7. Mother's Birthplace, *Hartford Conn.*
8. Full Name of Father, *William Richardson*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *S. Behrken*
- Address, *54 Essex St.*
- Remarks,

RETURN OF A BIRTH

62224

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Mar 11th 1883

4. Place of Birth, (Street and Number)

33 Ewing st.

5. Full Name of Mother,

Sallie Smith

6. Mother's Maiden Name,

Engler

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Thos B. Smith

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

J. H. [Signature]

Address,

431 Luna Ave.

Remarks,

RETURN OF A BIRTH

62225

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 11th 1883

4. Place of Birth, (Street and Number)

No. 172 West st.

5. Full Name of Mother,

Susana Hesz

6. Mother's Maiden Name,

Friedrich.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

John Hesz

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

J. Schraeder, midwife

Address,

330 Hanover st

Remarks,

RETURN OF A BIRTH

62226

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 March

4. Place of Birth, (Street and Number)

29 Pearl street

5. Full Name of Mother,

Hellmer Annie Link

6. Mother's Maiden Name,

Hellmer

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Emmy Link

9. Father's Occupation,

Tailor

10. Mother's Birthplace.

Europe

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

62227

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
1911
113

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 11 March

4. Place of Birth, (Street and Number) 82 Harrison St.

5. Full Name of Mother, Lena Friedenberg

6. Mother's Maiden Name, Lissinwans

7. Mother's Birthplace, Pollen

8. Full Name of Father, Harris Friedenberg

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Pollen

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rosa Ulbrich

Address,

48 Holland St.

Remarks,

RETURN OF A BIRTH *62228*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *40*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, ...

March 14 1893

4. Place of Birth, (Street and Number)

315 E. Pratt St.

5. Full Name of Mother, ...

Rosana White

6. Mother's Maiden Name, ...

Morse

7. Mother's Birthplace, ...

Baltimore

8. Full Name of Father, ...

George White

9. Father's Occupation, ...

Cigar Dealer

10. Father's Birthplace, ...

Baltimore

Name of Medical Attendant, ...

or other Person who makes this Return

Ms. C. C. C. C.

Address, ...

No. 55 E. Bond St.

Remarks, ...

RETURN OF A BIRTH

6212-9

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sunday 11th*
4. Place of Birth, (Street and Number) *No 8 Federal St*
5. Full Name of Mother, *Margret Stevenson*
6. Mother's Maiden Name, *Kalmer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Robert Stevenson*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Maemel (Widow)
Walt Street 1021

RETURN OF A BIRTH

62230

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d of 2

MAR 14 1893

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 11, 1893

4. Place of Birth, (Street and Number) Caroline St. 13 19

5. Full Name of Mother, Margaretta J. Pearson

6. Mother's Maiden Name, Margaretta Bransby

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Joseph S. Pearson

9. Father's Occupation, Carpenter

Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Harry E. Haller

Address, 13 Caroline St. 13 19

Remarks.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 62231

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, March 11, 1883

4. Place of Birth, (Street and Number) N. W. 1st St. 1883

5. Full Name of Mother, Mathe Whitehorse

6. Mother's Maiden Name, Mathe Nickel

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, William Whitehorse

9. Father's Occupation, Captain of the Sea

Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Address, 11 Dallas St. 1883

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62332

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

1st-

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 11th 1893

4. Place of Birth, (Street and Number)

380 N. Gay St

5. Full Name of Mother,

Kate Stewart

6. Mother's Maiden Name,

Donnell

7. Mother's Birthplace,

Prince George's Co

8. Full Name of Father,

Edward Stewart

9. Father's Occupation,

labour

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

W. B. Robinson

Address,

256 E. Boston

Remarks,

RETURN OF A BIRTH 62233

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 11 / 83*

4. Place of Birth, (Street and Number) *Argyle Ave*

5. Full Name of Mother, *Ella J Peck*

6. Mother's Maiden Name, *" Lancaster*

7. Mother's Birthplace, *Balto Co.*

8. Full Name of Father, *D. A. J. Peck*

9. Father's Occupation, *Paymaster B. & O.*

Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return *Thomas Opie M.D.*

Address, *39 N. Carey St*

Remarks.

of the parents, and the maiden name of the mother of such child or child-ren."

RETURN OF A BIRTH

62234

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
Name of Medical Attendant, or other Person who makes this Return
Address,
Remarks,

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1

Male

White

March 11 1883

270 S Bond Str

Charlotte Schmier

Greier

Germany

Conrad Schmier

Baker

Germany

Mrs Louise Kraft

206 Canton Ave

RETURN OF A BIRTH

62231

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

March 11th 1883

4. Place of Birth, (Street and Number)

55 Elliott Street Canton,

5. Full Name of Mother,

Georgie C. Finch

6. Mother's Maiden Name.

Georgie C. Rayman

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Roland W. Finch

9. Father's Occupation,

Labourer

● Father's Birthplace,

King Co. Va.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah Lullens

Address,

104 Bulky Street

Remarks,

Baltimore

to be filled out by the Registrar of Vital Statistics, Board of Health, Baltimore City, and the Registrar of Vital Statistics, Board of Health, Baltimore City, and the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

62256

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 11 1883*
4. Place of Birth, (Street and Number) *230 Preston St*
5. Full Name of Mother, *Mary Karl*
6. Mother's Maiden Name, *Mary Smith*
7. Mother's Birthplace, *Altona*
8. Full Name of Father, *Charles Karl*
9. Father's Occupation, *Traveling Agent*
10. Father's Birthplace, *Washington*
- Name of Medical Attendant, or other Person who makes this Return *Mrs A. Musenich*
- Address, *345 Penn Ave*
- Remarks,

RETURN OF A BIRTH 62237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

11 of March

4. Place of Birth, (Street and Number)

Sharp St 484

5. Full Name of Mother,

Mary H Thomas

6. Mother's Maiden Name,

Wendler

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Joseph Thomas

9. Father's Occupation,

Steward

10. Mother's Birthplace,

Therint country

Name of Medical Attendant, or other Person who makes this Return

A. Wilson

Address,

cross St 368

Remarks,

RETURN OF A BIRTH.

12238

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 17 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 11 March 1883
4. Place of Birth (Street and Number) 81 Thames St
5. Full Name of Mother Mary Brill
6. Mother's Maiden Name Mary Fisher
7. Mother's Birthplace Baltimore
8. Full Name of Father Herman Brill
9. Father's Occupation Barber
- Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address none of the child Cristina Mary Brill
- Remarks

RETURN OF A BIRTH 62239

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 11

4. Place of Birth, (Street and Number)

295 Saratoga

5. Full Name of Mother,

Josephine Daley

6. Mother's Maiden Name,

Mathanay

7. Mother's Birthplace,

Talbot Co.

8. Full Name of Father,

Henry R Daley

9. Father's Occupation,

Cabinet Maker

10. Mother's Birthplace,

Queen Anne, Co.

Name of Medical Attendant, or other Person who makes this Return

J M Wilson

Address,

257 Madison

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69240

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAR
17
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male (Stockton Buzby)

1. Sex (state whether Male or Female)

White

2. Race or Color (if not of the white race)

March 11th - 1883

3. Date of Birth

29 W. Biddle St.

4. Place of Birth (Street and Number)

Calix Van Ness Buzby
Hutton

5. Full Name of Mother

6. Mother's Maiden Name

Baltimore - Md.

7. Mother's Birthplace

Sam^l Stockton Buzby

8. Full Name of Father

Merchand.

9. Father's Occupation

Baltimore - Md.

10. Father's Birthplace

Dr. J. M. Howard

Name of Medical Attendant, or other Person who makes this Return

Address 181 Madison Avenue

Remarks Natural labor in every respect

over
69941
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: *Marguerite Alberta Sobbott*
1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

11 March 1883

4. Place of Birth, (Street and Number)

2443 N. Calhoun St

5. Full Name of Mother, ..

Emma (Em) Carolina (Sobbott) Sobbott
E. C. Mueller

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

Baltimore

8. Full Name of Father, ..

John P. (Sobbott) Sobbott

9. Father's Occupation, ..

Plumber

10. Father's Birthplace, ..

Denzig (Germany)

Name of Medical Attendant, or other Person who makes this Return

L. H. Helms M.D.

Address, ..

120 Pearl St. Baltimore

Remarks, ..

RETURN OF A BIRTH

62242

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

225

1. ~~of~~ Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3rd)*
2. Sex, (state whether ~~male~~ or female) ... *Male*
3. Race or Color, (if not of the white race) ... *White*
4. Date of Birth, *March 11th, 1883*
5. Place of Birth, (Street and Number) *N. W. Cor. E. Fayette and Chapel Street*
6. Full Name of Mother, *Mrs. Frances Elizabeth Healy*
7. Mother's Maiden Name, *Miss Frances E. Williams*
8. Mother's Birthplace, ... *Virginia*
9. Full Name of Father, *Mr. George Healy*
10. Father's Occupation, *Druggist*
11. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Mr. H. Clendinen M.D.*
- Address, ... *No. 102 North Broadway*
- Remarks,

born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62242

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAR 15 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Primipara*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 11th '83. 3.30. A.M.*
4. Place of Birth (Street and Number) *305 N. Sticker*
5. ~~Full Name of Mother~~ *Includⁿ name Emma E. Tawney*
6. Mother's ~~Maiden Name~~ *Full name Emma E. Glanville*
7. Mother's Birthplace *Hanover, P.A.*
8. Full Name of Father *Harry C. Glanville*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore, Md*
Name of Medical Attendant, or other Person who makes this Return. *A. H. Daxton, M.D.*
Address
Remarks *(Instrumental delivery)*

RETURN OF A BIRTH

62244

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 11th 1883

4. Place of Birth, (Street and Number)

177 Moore's Alley

5. Full Name of Mother,

Mary Dickson

6. Mother's Maiden Name,

Mary Johns

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charlie Dickson

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Goldensmith

Address,

177 Moore's Alley

Remarks,

RETURN OF A BIRTH *62245*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *mar. 11*

4. Place of Birth, (Street and Number) *83 mcEldry st*

5. Full Name of Mother, *Charlie Jones*

6. Mother's Maiden Name, *Charlie Banks*

7. Mother's Birthplace, *Baltimore md*

8. Full Name of Father, *Charles Jones*

9. Father's Occupation, *writer*

10. Father's Birthplace, *Baltimore md*

Name of Medical Attendant, or other Person who make this Return *Miss Leah Johnson*

Address *220 31 Short st*

Remarks *Healthy Child*

RETURN OF A BIRTH 62286

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 11 - 1883

4. Place of Birth, (Street and Number) 82 S Spring St.

5. Full Name of Mother, Julia Barry

6. Mother's Maiden Name, Lucy

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Barry

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E Pratt

Remarks,

RETURN OF A BIRTH.

62247

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex (state whether male or female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth March 11th 1883
 4. Place of Birth (Street and Number) 170 Lexington
 5. Full Name of Mother Jennie Stork
 6. Mother's Maiden Name Barth
 7. Mother's Birthplace Baltimore Md
 8. Full Name of Father George Stork
 9. Father's Occupation Mining & Sawing mill
 10. Father's Birthplace Baltimore Md
 Name of Medical Attendant, or other Person who makes this Return. D W Cathers M D
 Address 213 Wadsworth
 Remarks

RETURN OF A BIRTH

62248

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1888

4. Place of Birth, (Street and Number)

Balto Lancaster St No 19

5. Full Name of Mother,

Mary Russi

6. Mother's Maiden Name,

7. Mother's Birthplace,

Bahama

8. Full Name of Father,

Joseph Russi

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Bahama

Name of Medical Attendant,

or other Person who makes this Return

Mary Dapitish

Address,

69 N. Washington St

Remarks,

Mary Dapitish

RETURN OF A BIRTH 62249

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st) 12

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar 12th 1893

4. Place of Birth, (Street and Number)

Matronite - 161 W Lombard St.

5. Full Name of Mother,

Kate Cameron

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore - Md.

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

H. Page M.D. Intosh
Res. Phys.

Address,

Remarks,

Illegitimate

23

RETURN OF A BIRTH

6225a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

The First

1893

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 18th 1893

4. Place of Birth, (Street and Number)

3538 Langdon St.

5. Full Name of Mother,

Anne Kree

6. Mother's Maiden Name,

Anne Leibbel

7. Mother's Birthplace,

Deutschland

8. Full Name of Father,

Georg Kree

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Friederike Kaufmann

Address,

No 202 S. Dallas St.

Remarks,

Hebammen

RETURN OF A BIRTH

62251

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 March

4. Place of Birth, (Street and Number)

34 Baltimore street

5. Full Name of Mother,

Ida Booker

6. Mother's Maiden Name,

Ritchers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Booker

9. Father's Occupation,

Theater actor

10. Mother's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

62252

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 8

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12 March

4. Place of Birth, (Street and Number) 71 Mullikin St

5. Full Name of Mother, Lizzie Aunt

6. Mother's Maiden Name, Kenly

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Charlie Aunt

9. Father's Occupation, Hookster

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rosa Allry

Address,

48 Holland St

Remarks,

RETURN OF A BIRTH

12253

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
2. Sex, (state whether male or female) *Female* ~~Male~~
3. Race or Color, (if not of the white race) *white*
4. Date of Birth, *12 the day* *Eleventh of March 1883*
5. Place of Birth, (Street and Number) *Baltimore, Franklyn St. 345.*
6. Full Name of Mother, *Caroline, Sophia, Loretta Voigt*
7. Mother's Maiden Name, *Maltzahn*
8. Mother's Birthplace, *Germany. Güstrow, Mecklenburg Schwerin.*
9. Full Name of Father, *Robert Heinrich Gustav Voigt*
10. Father's Occupation, *Kabinetsmacher*
11. Father's Birthplace, *Germany. Burg, Preussen.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Maennel* *Midwife*
- Address, *Walt Street No 21*
- Remarks,

RETURN OF A BIRTH

62204

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Child 1st

1. Sex, (state whether male or female)

Sex. female & Twins

2. Race or Color, (if not of the white race)

3. Date of Birth,

Mar 12th 1883

4. Place of Birth, (Street and Number)

No 129 Barre St.

5. Full Name of Mother,

Anna Meyer

6. Mother's Maiden Name,

Ma Kentcast

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Meyer

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Marie Brown

Address,

No 328 S Entaw St.

Remarks,

RETURN OF A BIRTH.

6225v1

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

16
1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 ~~1~~ Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Monday 12 1883

4. Place of Birth (Street and Number)

No 370 Cross St

5. Full Name of Mother

Annie Jackson

6. Mother's Maiden Name

Annie Jackson

7. Mother's Birthplace

Banbright Cambridge Dorchester

8. Full Name of Father

Denis Jackson

9. Father's Occupation

Driver

10. Father's Birthplace

Cambridge Dorchester to M.D.

Name of Medical Attendant, or other Person who makes this return

Bathern Jones

Address

No 270 Cross St

Remarks

X

the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *62256*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

*ATR
5
1883*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 12 1883*

4. Place of Birth, (Street and Number) *167 Hamstead St*

5. Full Name of Mother, *Bertha Wolf*

6. Mother's Maiden Name, *Philip's*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harry Wolf*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Louise Kraft*

Address, *236 Canton Ave*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Robert C. Renner
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 1883
4. Place of Birth, (Street and Number) 231 Eastern Ave
5. Full Name of Mother, Amelia Renner
6. Mother's Maiden Name, Koldorfer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Renner
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft
Address, 236 Canton Ave
Remarks,

RETURN OF A BIRTH *62258*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 12th 1883.

4. Place of Birth, (Street and Number)

No. 17 N. Wall St.

5. Full Name of Mother,

Annie Golden

6. Mother's Maiden Name,

Annie Schmit

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Carden

9. Father's Occupation,

Cloth Cutter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. Butt

Address, *No. 185 E. Cor. Central av. & Monument St.*

Remarks, *All Well*

RETURN OF A BIRTH

62259

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Smith (Pth)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 12th 1883

4. Place of Birth, (Street and Number)

226 E. Lombard St.

5. Full Name of Mother

Mary Hoffman

6. Mother's Maiden Name,

Bush

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

John Hoffman

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Reginald A. Winter

Address,

186-187 W. 1st Ave

Remarks,

RETURN OF A BIRTH

6226A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
2
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 12th 1883.

4. Place of Birth, (Street and Number)

173. Dover St

5. Full Name of Mother,

Mrs Maggie Bond.

6. Mother's Maiden Name,

Mrs Maggie Weber.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Mr Thomas J. Bond

9. Father's Occupation,

Coachblacksmith

10. Father's Birthplace,

Baltimore county.

Name of Medical Attendant, or other Person who makes this Return

Dr. S. S. S. S.

Address,

No. 439. W. Pratt St

Remarks,

RETURN OF A BIRTH

62261

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 12th 1883

4. Place of Birth, (Street and Number)

170 S. Belknap St

5. Full Name of Mother,

Anna

Menger

6. Mother's Maiden Name,

"

Leis

7. Mother's Birthplace,

City

8. Full Name of Father,

Philip Menger

9. Father's Occupation,

Driver

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth B. B.

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

62262

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12.
4. Place of Birth, (Street and Number) 28 Clement St
5. Full Name of Mother, Sarah Housell
6. Mother's Maiden Name, Sarah Myers
7. Mother's Birthplace, England
8. Full Name of Father, William Housell
9. Father's Occupation, Peter Market Maker
10. Mother's Birthplace, England
- Name of Medical Attendant, or other Person who makes this Return Maggie Ettel
- Address, No 13 Cuba Street
- Remarks,

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6-2-83

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 15 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) ..
3. Date of Birth *March 12th 1883.*
4. Place of Birth (Street and Number) *No - Vincent St near Tenant St.*
5. Full Name of Mother *Mary Catharine Ballham.*
6. Mother's Maiden Name *Luckett.*
7. Mother's Birthplace *Alexandria, Va.*
8. Full Name of Father *Eugene Henry Ballham.*
9. Father's Occupation *Blacksmith.*
10. Father's Birthplace *Washington, D.C.*
- Name of Medical Attendant, or other Person who makes this Return. *James A. Swallow, M.D.*
- Address *No 194 N. Gilmer St.*
- Remarks

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH,

61264

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.) 1st
 Whether male or female Male
 Race, (if not of the white race) white race
 Date March the 12
 Locality, (Street and Number) Baltimore Burch St No 1
 Name of Mother Agnes Ellen
 Name of Father Robert
 Place of Birth Baltimore
 Name of Father Joseph Ellen
 Place of Birth Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Elizabeth Kalkren
William St No 34

RETURN OF A BIRTH

62261

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

white

3. Date of Birth.

12 March

4. Place of Birth, (Street and Number)

249 Central Avenue

5. Full Name of Mother,

Maggie Delcher

6. Mother's Maiden Name,

Maggie Wagner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sean Delcher

9. Father's Occupation,

Dead

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Anna Walter

Address,

239 E. Eager Street

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63266

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth march 13th 1893
4. Place of Birth (Street and Number) New alley 103.
5. Full Name of Mother Sarah West
6. Mother's Maiden Name Sarah Johnson
7. Mother's Birthplace East Caroline Co.
8. Full Name of Father James West
9. Father's Occupation ogate Shucking
10. Father's Birthplace Caroline Co.
- Name of Medical Attendant, or other Person who makes this Return. Francis Anderson
- Address 10 30 McComb in St.
- Remarks

RETURN OF A BIRTH

62267

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 13. of Marge at 3 o'clock and Ten

4. Place of Birth, (Street and Number)

No. 202, Spilling St Dist. 3.

5. Full Name of Mother

Kathe. Thira Thirolf.

6. Mother's Maiden Name,

Kathe. Rhein

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George. Rhein

9. Father's Occupation,

Wheelwright

10. Father's Birthplace,

Germany.

Name of Medical Attendant or other Person who makes this return

Address,

Mrs. Cristina Janer

Remarks.

173 Harfert, ave

1883

RETURN OF A BIRTH

62265

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, march 13th
4. Place of Birth, (Street and Number) no 146 Charles St
5. Full Name of Mother, elennora handy
6. Mother's Maiden Name, elennora Bias
7. Mother's Birthplace, caroline county, md
8. Full Name of Father, georg melvin handy
9. Father's Occupation, sailor
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Mrs Lydia Potter
Address, no 4 patps co avenue
Remarks, healthy child

RETURN OF A BIRTH

62269

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 13/1885

4. Place of Birth, (Street and Number)

235 East

Ferdinica Engel

5. Full Name of Mother,

Am

Regas

6. Mother's Maiden Name,

7. Mother's Birthplace,

~~Baltimore~~ Germany

8. Full Name of Father,

William Engel

9. Father's Occupation,

Restaurateur

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who
makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

Swins

RETURN OF A BIRTH

62270

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
17
1883

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st Child.*
1. Sex, (state whether male or female) *To Girls twins.*
2. Race or Color, (if not of the white race) *White 15th of St.*
3. Date of Birth, *13th of March, 1883.*
4. Place of Birth, (Street and Number) *126 East Orleans Street.*
5. Full Name of Mother, *Neela Godlieb.*
6. Mother's Maiden Name, *Neela Determan.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *John Determan.*
9. Father's Occupation, *Butcher.*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other Person who makes this Return *Crescencia Kunkel.*
- Address, *11 North Chappel Street per postoffice Kunkel.*
- Remarks, *Healthy.*

RETURN OF A BIRTH

62271

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race) colored
4. Date of Birth, March 13th
5. Place of Birth, (Street and Number) No 173 Vincent alley
6. Full Name of Mother, B. A. Parker
7. Mother's Maiden Name, Anna Sparks
8. Mother's Birthplace, Baltimore
9. Full Name of Father, Ben. Parker
10. Father's Occupation, road carrier
11. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return M^{rs} P. Blake
- Address, 53 Calabro St.
- Remarks, Dead. Spasms since birth

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62272

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

M.D.
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth Feb 13th 1883
4. Place of Birth (Street and Number) 165 Edmondson Ave
5. Full Name of Mother Annie Virginia Hodgdon
6. Mother's Maiden Name Scott
7. Mother's Birthplace Ellicott City, Md
8. Full Name of Father Wm Woff Hodgdon
9. Father's Occupation Stock Broker
10. Father's Birthplace New Hampshire
- Name of Medical Attendant, or other Person who makes this Return. Eliat LePice M.D.
- Address 262 Madison Ave
- Remarks _____

13

RETURN OF A BIRTH

62273

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

J. Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 13, 1883.

4. Place of Birth, (Street and Number)

211 Carrollton Ave.

5. Full Name of Mother,

Julia E. Cordray

6. Mother's Maiden Name,

Julia E. Soper

7. Mother's Birthplace,

Balt. Co.

8. Full Name of Father,

A. M. Cordray

9. Father's Occupation,

Clk.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
makes this Return.

Justus Powell
227 Carrollton Ave.

Address,

Remarks,

Child Healthy

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62274

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

20
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth March 13/83.
4. Place of Birth, (Street and Number) 191 N. Gilman
5. Full Name of Mother Ida V. Miller
6. Mother's Maiden Name Dale
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Shepard S. Miller
- Father's Occupation Real Estate Agent
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this return. Louis W. Knight M.D.
- Address 112 N. Greene
- Remarks

RETURN OF A BIRTH

62275

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *March 13*
5. Place of Birth, (Street and Number) *Baltimore No 235 E Chase St*
6. Full Name of Mother, *Sarah Jane Stewart*
7. Mother's Maiden Name, *Sarah Jane Mc Cann*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *George William Stewart*
10. Father's Occupation, *Curier*
11. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Woodson*
- Address, *No 120 Greenmount Dr*
- Remarks,

RETURN OF A BIRTH 68276

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) colored
4. Date of Birth, March 13
5. Place of Birth, (Street and Number) St James St no 4
6. Full Name of Mother, Sedona Steppard
7. Mother's Maiden Name, Sedona Lee
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, John Steppard
10. Father's Occupation, laborer
11. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Mrs Leah Johnson
- Address, no 31 Chestnut St
- Remarks, healthy child

RETURN OF A BIRTH

62277

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

APR 26 1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 13th 1883

4. Place of Birth, (Street and Number)

353-Sharp St.

5. Full Name of Mother,

Mary E. Koehnlein

6. Mother's Maiden Name,

" Haue.

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John J. Koehnlein

9. Father's Occupation,

Carter

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,

RETURN OF A BIRTH

62278

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
5
1883

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14 1883
4. Place of Birth, (Street and Number) 40 Thames St
5. Full Name of Mother, Annie Hall
6. Mother's Maiden Name, Barker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Armstrong Hall
9. Father's Occupation, Engineer
10. Father's Birthplace, England
Name of Medical Attendant, or other Person who makes this Return Mrs Louise Knapp
Address, 216 Boston Ave
Remarks,

RETURN OF A BIRTH

62279

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR.
6
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 March 1893

4. Place of Birth, (Street and Number)

7. N Mount St
Eliza C. Hyde Jones

5. Full Name of Mother,

6. Mother's Maiden Name,

ms

7. Mother's Birthplace,

8. Full Name of Father,

Chas D Hyde

9. Father's Occupation,

Printer

10. Father's Birthplace,

ms

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo H. Lupton
1 Waverly Place

RETURN OF A BIRTH

62280

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second child

1. Sex, (state whether male or female)

White female child

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

on the 14 of march

4. Place of Birth, (Street and Number)

on Mc Henry St 439

5. Full Name of Mother,

Mrs Lydia German

6. Mother's Maiden Name,

Miss Lydia Smith

7. Mother's Birthplace,

58 preston st City of Baltimore

8. Full Name of Father,

John German

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

City of Baltimore on Eden St

Name of Medical Attendant, or other Person who makes this Return

Mrs A. S. Smith

Address,

no 45 S. Moore St

Remarks,

RETURN OF A BIRTH

62281

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 3d
1. Sex, (state whether male or female) ... female
2. Race or Color, (if not of the white race) ... white
3. Date of Birth, ... March 14th
4. Place of Birth, (Street and Number) ... No 5 Church St
5. Full Name of Mother, ... Mary Williams
6. Mother's Maiden Name, ... Gacey
7. Mother's Birthplace, ... City
8. Full Name of Father, ... Daniel Williams
9. Father's Occupation, ... fireman
10. Father's Birthplace, ... City
- Name of Medical Attendant, or other Person who makes this Return ... J. C. Burch M.D.
- Address, ... 151 Hanover St
- Remarks,

RETURN OF A BIRTH.

62252

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 14 - 1883

4. Place of Birth (Street and Number) 313 E Baltimore

5. Full Name of Mother Clara Headell Murphy

6. Mother's Maiden Name Clara H. Headell

7. Mother's Birthplace Ireland

8. Full Name of Father Thos Jas. Murphy

9. Father's Occupation Brok & Cart

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return.

Address James E. D. Murrell M.D.
297 E Baltimore St.

Remarks

RETURN OF A BIRTH

622A3

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

14 March

4. Place of Birth, (Street and Number)

36 East street

5. Full Name of Mother,

Ellen King

6. Mother's Maiden Name,

Snouse

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles King

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Capper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

62284

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 14 1883

4. Place of Birth, (Street and Number)

No 11 Market Space

5. Full Name of Mother,

Anna Starklauf

6. Mother's Maiden Name,

Ulrich

7. Mother's Birthplace,

City

8. Full Name of Father,

John Starklauf

9. Father's Occupation,

Saloon keeper

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Elizabeth Betz

Address,

120 Bank St.

Remarks,

RETURN OF A BIRTH 62385

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) *Male Earnest Harden*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Wednesday the 14 of March 1853*
4. Place of Birth, (Street and Number) *Smith Street*
5. Full Name of Mother, *Elizabeth Harden*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return _____
- Address. _____
- Remarks. _____

RETURN OF A BIRTH

12286

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 14, 1883

4. Place of Birth, (Street and Number)

18 Nassau Church St.

5. Full Name of Mother,

Lizzie Gump

6. Mother's Maiden Name,

Stokes

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Conrad Gump

9. Father's Occupation,

Trainer

10. Father's Birthplace:

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Daniel Halperin

Address,

1182 G. M. Street St.

Remarks,

RETURN OF A BIRTH

62287

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 14. 1889

4. Place of Birth, (Street and Number)

Cookes St

5. Full Name of Mother,

Mary Malone

6. Mother's Maiden Name,

Mary Casey

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Malone

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Margie Ette C

Address,

No 13 Cooke St

Remarks,

RETURN OF A BIRTH.

62258

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 20 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) girl
2. Race or Color (if not of the white race) White
3. Date of Birth 14 March 1883
4. Place of Birth (Street and Number) 5 Wells St
5. Full Name of Mother Elizabeth Boom
6. Mother's Maiden Name Elizabeth Williams
7. Mother's Birthplace Baltimore
8. Full Name of Father John Boom
9. Father's Occupation Labour
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address name of the child
- Remarks Mary Catherine Boom

RETURN OF A BIRTH

62289.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 14th

4. Place of Birth, (Street and Number)

S. Carolina St. No. 102

5. Full Name of Mother,

Mariantha Fairbanks

6. Mother's Maiden Name,

Bruff

7. Mother's Birthplace,

St. Michaels Talbot Co.

8. Full Name of Father,

Samuel H. Fairbanks

9. Father's Occupation,

Ship Joiner

10. Father's Birthplace,

St. Michaels Talbot Co.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address, No. 12 Patterson Park Ave

Remarks,

RETURN OF A BIRTH.

62290

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 14 1893
4. Place of Birth (Street and Number) Marble Court No. 11
5. Full Name of Mother Alice Kelly
6. Mother's Maiden Name Alice Donohy
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas M. Kelly
9. Father's Occupation Clerk
10. Father's Birthplace Wigan England
- Name of Medical Attendant, or other Person who makes this Return. Wm. C. Green
- Address 466
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parent, and the natural name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62291

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAY 15 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *March 14th 83*
4. Place of Birth (Street and Number) *No 21 Hughes St*
5. Full Name of Mother *Dorothea Oppen*
6. Mother's Maiden Name *Dorothea Hammerer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Fritz Oppen*
9. Father's Occupation *Glass Blower*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *W. C. Sandrock*
- Address *227 Hanover St*
- Remarks

RETURN OF A BIRTH

62292

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Mar. 14. 1883*
4. Place of Birth, (Street and Number) *No. 5 Hope St. Balt. Md.*
5. Full Name of Mother, *Harriet Wallace*
6. Mother's Maiden Name, *Harriet Gordon*
7. Mother's Birthplace, *Washington*
8. Full Name of Father, *A. J. Wallace*
9. Father's Occupation, *Caulker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. Bach.

Address,

107 Johnson St. Balt. Md.

Remarks,

RETURN OF A BIRTH

62293

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

14th March 1883

4. Place of Birth, (Street and Number)

19. Warren av

5. Full Name of Mother,

Delia Jory

6. Mother's Maiden Name,

" Perry

7. Mother's Birthplace,

Bach

8. Full Name of Father,

John Jory

9. Father's Occupation,

mariner

10. Father's Birthplace,

Bach

Name of Medical Attendant, or other Person who makes this Return

H. W. Theobald

Address,

57 Barnum

Remarks,

Printed and Published by the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Fifth
Male

White

Born the 14th

160 William Street

Rose E. Skinner

Rose E. Skinner

Cross Street

John P. Skinner

Right Watchman

Baltimore County

Mrs. C. C. C. C.

Mar 10 1894

RETURN OF A BIRTH

62295

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 March

4. Place of Birth, (Street and Number) 26 Belair ave

5. Full Name of Mother, Mina Barreis

6. Mother's Maiden Name, Rohde

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, George Barreis

9. Father's Occupation, Beer Brewer

10. Father's Birthplace, Bayren

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa

Ulbrich

48 H. Ellman

MAR
19
1893

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62296

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 14th*
4. Place of Birth (Street and Number) *49 Packin St.*
5. Full Name of Mother *Willon, Blanche Birkett*
6. Mother's Maiden Name *Mason*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *William H. Birkett*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *H. W. Weber M.D.*
- Address *298 W. Lombard St*
- Remarks

RETURN OF A BIRTH 62297

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, March 14. 83.

4. Place of Birth, (Street and Number) Taconette Ave. 507

5. Full Name of Mother, Lucina Strassburg

6. Mother's Maiden Name, Bauer

7. Mother's Birthplace, Balt.

8. Full Name of Father, Simon Strassburg

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Wm. L. Bauerbach

Address, J. Webster Ave 14

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62298

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

14th Dec 1883

4. Place of Birth (Street and Number)

13 Bank St.

5. Full Name of Mother

Martta Jane Trainor

6. Mother's Maiden Name

Martta Jane Woods

7. Mother's Birthplace

13th City

8. Full Name of Father

John Trainor

9. Father's Occupation

Laborer

10. Father's Birthplace

Ireland,

Name of Medical Attendant, or other Person who makes this Return.

John Thompson M.D.

Address

511st Calvert & Read St.

Remarks

RETURN OF A BIRTH

62299

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth
Boy
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

14 March

4. Place of Birth, (Street and Number)

Hightstown

5. Full Name of Mother,

Lusana Schnebele

6. Mother's Maiden Name,

" " Schoen

7. Mother's Birthplace,

Burg Prussen

8. Full Name of Father,

Peter Schnebele

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Bellfort Frank Reich

Name of Medical Attendant, or other Person who makes this Return

Mrs. Maurer

Address,

Lombard Street No 228

Remarks,

RETURN OF A BIRTH *12500*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5
male
negro
15 March
Green street st 30
Anna Watkins
Wiley
Balto
Steen Watkins
single
Balto
Wilson
road st 208

RETURN OF A BIRTH 12301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 15th 1883

4. Place of Birth, (Street and Number)

53rd Madison St

5. Full Name of Mother,

Hattie Creighton

6. Mother's Maiden Name,

Hattie Carson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wiley R. Creighton

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Ill.

Name of Medical Attendant, or other Person who makes this Return

J. H. Hillman

Address,

121 W. ...

Remarks,

of the mother, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62502

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 15th

4. Place of Birth, (Street and Number) No 9 1/2 Hill St

5. Full Name of Mother, Mary Hemenberger

6. Mother's Maiden Name, " Dinitz

7. Mother's Birthplace, City

8. Full Name of Father, Henry Hemenberger

9. Father's Occupation, Collar Maker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Dr. Buck M.D.

Address, 181 Hanover St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62503

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 15th 1883

4. Place of Birth, (Street and Number)

10460 Chase St.

5. Full Name of Mother,

Lizzie Fisher

6. Mother's Maiden Name,

Lizzie Gibson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Eisick Fisher

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Baltimore

Address, No. 185 E. cor. Central or Monument St.

Remarks, All Well

of the person, and the mother, and the father of the mother of such child or children.

RETURN OF A BIRTH

62304

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 13th 1898*
4. Place of Birth, (Street and Number) *225 E. 1st Ave.*
5. Full Name of Mother, *Eva Coleman*
6. Mother's Maiden Name, *Hochner*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John C. Coleman*
9. Father's Occupation, *Wick Caper*
10. Father's Birthplace, *Balto Md*
Name of Medical Attendant, or other Person who makes this Return *W. B. Billingsley*
Address, *258 E. Baitment St.*
Remarks,

RETURN OF A BIRTH

6230A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 15, 1883

4. Place of Birth, (Street and Number)

No 1 Stationary

5. Full Name of Mother,

Mary F. Lewis

6. Mother's Maiden Name,

Mary Rooney

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Philip Lewis

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. A. M. M. M. M.

Address,

345 Pennsylvania Ave

Remarks,

RETURN OF A BIRTH

6-306

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 15th 1883

4. Place of Birth, (Street and Number)

157 S Chappel St

5. Full Name of Mother,

Mary E. Gehhart

6. Mother's Maiden Name,

Ernest

7. Mother's Birthplace,

City

8. Full Name of Father,

Benjamin J. Gehhart

9. Father's Occupation,

Can maker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth B. B. B.

Address,

120 Bank St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

condition, whether still born or not, the full name, name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62307

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child*

1. Sex (state whether male or female) *male*

2. Race or Color (if not of the white race) *colored*

3. Date of Birth *15th march*

4. Place of Birth (Street and Number) *56 vine st*

5. Full Name of Mother *marcy monning*

6. Mother's Maiden Name *marcy Bonks*

7. Mother's Birthplace *Shelotte vill va*

8. Full Name of Father *Bandy monning*

9. Father's Occupation *garment factory*

10. Father's Birthplace *wrest island va*

Name of Medical Attendant, or other Person who makes this Return. *Jane gilbert*

Address *543 orch st*

Remarks

RETURN OF A BIRTH

12308

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
17
1883

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

female
Colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 15th

4. Place of Birth, (Street and Number)

King St. 47.

5. Full Name of Mother,

Julia Smith

6. Mother's Maiden Name,

Virginia

7. Mother's Birthplace,

8. Full Name of Father,

Joseph Smith

9. Father's Occupation,

Drager.

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Mellica White
46 King Street

Remarks,

O.K.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62309

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Maced 15th / 88.
255 N. E. 10th St.
Sophia Price
Sophia M. Price
Price Co. Md.
George W. Price
Salesman
Baltimore City
John J. Price M.D.
City

RETURN OF A BIRTH

6231A

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

African

3. Date of Birth,

March 15th

4. Place of Birth, (Street and Number)

102 Vincent St

5. Full Name of Mother,

Mariah Davis

6. Mother's Maiden Name,

Mariah Washington

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Lewis H Davis

9. Father's Occupation,

Suburban

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who make this Return

J. W. J. Englar
394 Lanevale St

Address,

Remarks,

On the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 62311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 15th

4. Place of Birth, (Street and Number) Vincent St. No. 25

5. Full Name of Mother, Maria Davis

6. Mother's Maiden Name, Maria Turner

7. Mother's Birthplace, Essex County, Va.

8. Full Name of Father, James Davis

9. Father's Occupation, Laborer

10. Father's Birthplace, Essex County, Va.

Name of Medical Attendant, or other Person who makes this Return Charles H. Warner

Address, 123 N. Balto. St.

Remarks, not any

of the father, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62312

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) ... female
 2. Race or Color, (if not of the white race) ... colored
 3. Date of Birth, ... March 15/58 Baltimore MD
 4. Place of Birth, (Street and Number) ... 53 Baltimore St
 5. Full Name of Mother, ... Mattie Smith
 6. Mother's Maiden Name, ... H. Asten
 7. Mother's Birthplace, ... Baltimore
 8. Full Name of Father, ... James Asten
 9. Father's Occupation, ... Barber
 10. Father's Birthplace, ... Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

W. P. Blake
53 Baltimore St
Healthy fine child

RETURN OF A BIRTH

12313

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 15th 1883*
4. Place of Birth, (Street and Number) *No. 42 North Broadway*
5. Full Name of Mother, *Mrs. Mary R. Thompson*
6. Mother's Maiden Name, *Miss Mary R. Sater*
7. Mother's Birthplace, *Baltimore, Maryland.*
8. Full Name of Father, *Mr. Elijah E. Thompson*
9. Father's Occupation, *Mariner*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other person who makes this return *Wm. H. E. Henderson, M.D.*
- Address, *No. 102 North Broadway*
- Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62314

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

100
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 13th 1883

4. Place of Birth, (Street and Number)

Essex Street.

5. Full Name of Mother,

Mrs. Julia Grazier

6. Mother's Maiden Name,

Julia Brown

7. Mother's Birthplace,

St. Mary's County,

8. Full Name of Father,

John Grazier

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Gayell

Address,

No. 65 Burke Street.

Remarks,

In this column, insert the names of the mother and child of children.

RETURN OF A BIRTH

62315

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 18th 1883

4. Place of Birth, (Street and Number) No. 9 Hawk st.

5. Full Name of Mother, Rose Dichter

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Gerson Dichter

9. Father's Occupation, Pedler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 43 E. Lombard st.

Remarks,

RETURN OF A BIRTH

62316

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 15th 1883

4. Place of Birth, (Street and Number)

128 Cross St.

5. Full Name of Mother,

Lina Edwards

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

America

8. Full Name of Father,

John Edwards

9. Father's Occupation,

Engineer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schopesser midwife

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH.

62317

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAR 27 1883

No. of Child of Mother (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or ~~Color~~ (if not of the white race)

3. Date of Birth

March 15th 1883.

4. Place of Birth (Street and Number)

30 19 N. Eder St.

5. Full Name of Mother

Louise Hood Medingers

6. Mother's Maiden Name

" " Meriwether

7. Mother's Birthplace

Kentucky

8. Full Name of Father

John W. Groth

9. Father's Occupation

Varnisher

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

J. Ridgway Andre M.D.

Address

121 E. Balto St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH *12518*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

March 15-88

4. Place of Birth, (Street and Number)

406 E. Center St.

5. Full Name of Mother

Blanche E. Freeman

6. Mother's Maiden Name

Priddy

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John C. Freeman

9. Father's Occupation

Teacher

10. Father's Birthplace

Me

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, *286 N. Donogh St.*

Remarks,

RETURN OF A BIRTH

62319

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, march 1st
4. Place of Birth, (Street and Number) 211 James st
5. Full Name of Mother, Mrs Ross Stewart
6. Mother's Maiden Name, not married
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return Mrs Leah Jackson
- Address, no 31 short st
- Remarks, healthy child

RETURN OF A BIRTH,

12321

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR
12
1883

condition, whether still born or not, the full name, nativity, and residence of the parents, and the male name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth march 15. 1883

4. Place of Birth, (Street and Number) 98 South street

5. Full Name of Mother Eleanor Crowell

6. Mother's Maiden Name Eleanor Burns

7. Mother's Birthplace Baltimore

8. Full Name of Father Marshall E. Crowell

9. Father's Occupation mariner

10. Father's Birthplace Spartan Mass

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153

Address Collington Avenue

Remarks

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

12321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 26 1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

12321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62332

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 26 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

15th March 1883

4. Place of Birth, (Street and Number)

146 W Lombard

5. Full Name of Mother,

Alvina Killmeyer

6. Mother's Maiden Name,

" Miehorne

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

August Killmeyer

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany
A. M. Dodge

Name of Medical Attendant, or other Person who makes this Return.

Address,

201 Hanover St.

Remarks,

of the parent, and the maiden name of the mother, on the return of a birth.

RETURN OF A BIRTH

62323

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3 and 4

1. Sex, (state whether male or female)

Male and female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 15. 83.

4. Place of Birth, (Street and Number)

Perm. Monument. a. Schester

5. Full Name of Mother.

Elizabeth Schrauter

6. Mother's Maiden Name,

Schrauter

7. Mother's Birthplace,

Bavaria

8. Full Name of Father.

Friedrich Schrauter

9. Father's Occupation,

Deutscher

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

W. J. Lee, M.D.

Address,

110 14

Remarks,

RETURN OF A BIRTH

62324

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

on the 15th of Mar. 1883

4. Place of Birth, (Street and Number)

St. Stephen's P.

5. Full Name of Mother,

Rebecca Gorman

6. Mother's Maiden Name,

Gorman

7. Mother's Birthplace,

Spent G. Md.

8. Full Name of Father,

Frederick Gorman

9. Father's Occupation,

Shoemaker

10. ☒ Father's Birthplace:

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Henry M. H. H. H.

Address,

182 E. Monument St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 1st. 1883*
 4. Place of Birth, (Street and Number) *316 E. Ave.*
 5. Full Name of Mother, *Maria Ann Howard*
 6. Mother's Maiden Name, *Wanford*
 7. Mother's Birthplace, *City*
 8. Full Name of Father, *George Washington Howard*
 9. Father's Occupation, *Ship Carpenter*
 10. Father's Birthplace, *City*
 Name of Medical Attendant, or other Person who makes this Return *E. P. Davis M.D.*
 Address *375 E. Baltimore St.*
 Remarks *Child seems to be healthy*

RETURN OF A BIRTH

62326

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) 2. Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the 16th 1883
4. Place of Birth, (Street and Number) Parish St No 33
5. Full Name of Mother, Mary Weir
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph T. Smith
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Mrs. S. Kelly
Address, 792 Pratt St
Remarks,

RETURN OF A BIRTH

62327

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 16 to 1893

4. Place of Birth, (Street and Number)

534 Ave. Smith St

5. Full Name of Mother,

Maggie Martin

6. Mother's Maiden Name,

Castello

7. Mother's Birthplace,

Balto, Md.

8. Full Name of Father,

William Martin

9. Father's Occupation,

laborer

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

M. B. Bittenger

Address,

256 E. Proctor St

Remarks,

of the persons, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

12028

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
8
1883

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 16th 1883

4. Place of Birth, (Street and Number)

No 222 Alice Ave St

5. Full Name of Mother,

Katie Wellslager

6. Mother's Maiden Name,

Brenner

7. Mother's Birthplace,

City

8. Full Name of Father,

Stephan Wellslager

9. Father's Occupation,

Plumber

Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62329

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 18 1883*
4. Place of Birth, (Street and Number) *138 Pennsylvania ave*
5. Full Name of Mother, *Estie Morsey*
6. Mother's Maiden Name, *Estie Lang*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Morsey*
9. Father's Occupation, *Miner*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. M. G. G. G.*
- Address, *515 E. ...*
- Remarks,

APR
1883

RETURN OF A BIRTH 6233A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 17th 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 16th 1883

4. Place of Birth, (Street and Number) 14 Cassion Street.

5. Full Name of Mother, Matilda Krizer.

6. Mother's Maiden Name, Matilda Metz.

7. Mother's Birthplace, America.

8. Full Name of Father, John Krizer

9. Father's Occupation, Laborer.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amund.

Address, 137 South Wolfe St

Remarks, 117

of the paronia, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62351

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 16th 1913

4. Place of Birth, (Street and Number)

7 Hope Alley

5. Full Name of Mother,

Jennie Brame

6. Mother's Maiden Name,

Jennie Wilson

7. Mother's Birthplace,

Dorchester Co. Md.

8. Full Name of Father,

Richard Brame

9. Father's Occupation,

Coal Miner (conductor)

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

Mrs. M. A. Cottrell

Address,

3211 Light St

Remarks,

RETURN OF A BIRTH

62332

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 15th 1889

4. Place of Birth, (Street and Number)

West St. No. 198

5. Full Name of Mother,

Annie Maria Gorman

6. Mother's Maiden Name,

Annie Maria Wray

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Robert Henry Gorman

Father's Occupation,

Wagner

10. Father's Birthplace,

Port Arthur England

Name of Medical Attendant,

or other Person who
makes this Return.

Mrs. Annie Gorman

Address,

Remarks,

Large, or their physical condition, whether married or single, the name of the mother of such child or children.

RETURN OF A BIRTH *62533*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 16. of May

4. Place of Birth, (Street and Number)

Congress Lane

5. Full Name of Mother

Mary Hoffmann

6. Mother's Maiden Name,

Mary Miller

7. Mother's Birthplace,

Eri. Pa.

8. Full Name of Father,

Albert Möller

9. Father's Occupation,

Forman

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Cristina Lauer

Remarks,

177, Harper, crn.

1883

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62334

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

born on the 16th of March 1883

4. Place of Birth, (Street and Number)

Princed St. between McCombs & Frank

5. Full Name of Mother,

Louise Reches

6. Mother's Maiden Name,

L. Shipples

7. Mother's Birthplace,

Prussia

Germany

8. Full Name of Father,

Edward

Reches

9. Father's Occupation,

Worker

10. Father's Birthplace,

Prussia

Germany

Name of Medical Attendant, or other Person who makes this Return

Miss Miller

Address

1017 W. Pratt St.

Remarks

RETURN OF A BIRTH, 6233A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth March 16/83

4. Place of Birth, (Street and Number) 24 Argyle Ave.

5. Full Name of Mother Bettie W. Harris

6. Mother's Maiden Name Powell

7. Mother's Birthplace Virginia

8. Full Name of Father George E. Harris

9. Father's Occupation Merchant Tailor

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Louis W. Knight M.D.

Address 112 N Greene St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62336

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 16th 1883

4. Place of Birth, (Street and Number)

278 W. Durham St.

5. Full Name of Mother,

Barbara Zick

6. Mother's Maiden Name,

Truap

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Henry Zick

9. Father's Occupation,

Butcher

Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

S. W. Feldner, M.D.

Address,

S. E. Cor. Eager & Carroll Sts.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12937

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children, whether still-born or not, the full name, nativity, and residence

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16 of March 1883

4. Place of Birth, (Street and Number)

No 81 Goodmans Alley

5. Full Name of Mother,

Ellen Leonard

6. Mother's Maiden Name,

Ellen Sheridan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Leonard

9. Father's Occupation,

Salver

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sabina Grinschala

Address,

No 128 West St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH.

62338

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 16th March 1883
4. Place of Birth (Street and Number) 99 Thames St.
5. Full Name of Mother Chatarion Porybylski. Fabischak
6. Mother's Maiden Name " Porybylski.
7. Mother's Birthplace Polen
8. Full Name of Father Jos.eph Porybylski.
9. Father's Occupation Laber
10. Father's Birthplace Polen
- Name of Medical Attendant, or other Person who makes this Return. Cecylja Zy gaj.
- Address 128 Thames St.
- Remarks very well

RETURN OF A BIRTH

62339

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 16

4. Place of Birth, (Street and Number) Frederick St

5. Full Name of Mother, Margie Clark

6. Mother's Maiden Name, Margie Hopkings

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Clark

9. Father's Occupation, Bar Keeper

Father's Birthplace, Ireland

Name of Medical Attendant, Margaret Ethel
or other Person who makes this Return

Address, No 13 Cuba Street

Remarks,

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6234A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

123
13

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 16th*
4. Place of Birth, (Street and Number) *189 N. Eden St*
5. Full Name of Mother, *Annie Schultz*
6. Mother's Maiden Name, *" Manning*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Charles Oscar Schultz*
9. Father's Occupation, *Curnier*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, *Mrs Isabella Oliver*
or other Person who makes this Return
- Address, *292 E. Monument St*
- Remarks,

State, like of said persons mentioned. Whether still born or not, the full name, nativity, an residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH, 62341

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 2 March 16th 1883

4. Place of Birth, (Street and Number) N^o 7 Hughes st

5. Full Name of Mother Elizabeth Lehnhart

6. Mother's Maiden Name Elizabeth Ferscht

7. Mother's Birthplace Baltimore

8. Full Name of Father Andrew Lehnhart

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Thormann

Address N^o 18 Byrd st

Remarks

When the child is born, the mother, or other person who makes this return, shall state the name of the child, the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the name of the person who makes this return, the condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

12342

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
19
1883

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 16th 1883

4. Place of Birth, (Street and Number)

124 Edmondson St

5. Full Name of Mother,

Minnie Irene Lane

6. Mother's Maiden Name,

Allen

7. Mother's Birthplace,

Williamsport Pa

8. Full Name of Father,

John Willfield Lane

9. Father's Occupation,

Merchant (Sulzfeld & Lane)

Father's Birthplace,

North Co. Pa.

Name of Medical Attendant, or other Person who makes this Return.

D. M. Lee

Address,

192 North Carey St

Remarks,

Born at 124 Edmondson St

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH.

62342

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
19
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 16th 1883
4. Place of Birth (Street and Number) 21 Marshall av
5. Full Name of Mother Jane E. Conway
6. Mother's Maiden Name Jane E. Metzger
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Isaac Conway
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke, M.D.
- Address 110 Fort av
- Remarks

State, the of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62344

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar. 16th

4. Place of Birth, (Street and Number)

427 Franklin St

5. Full Name of Mother,

Mrs. H. G. A. Eichelberger.

6. Mother's Maiden Name,

Kate Kramley

7. Mother's Birthplace,

Ind

8. Full Name of Father,

H. A. Eichelberger

9. Father's Occupation,

Painter

10. Father's Birthplace,

Ind.

Name of Medical Attendant,

or other Person who makes this Return

Henry F. Hill M.D.

Address,

448 Franklin St

Remarks,

RETURN OF A BIRTH *62545*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Children*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *16 of March 1883*

4. Place of Birth, (Street and Number) *No 32 Chest- Alley*

5. Full Name of Mother, *Matilda Pruet*

6. Mother's Maiden Name, *Matilda Rablin*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Pruet*

9. Father's Occupation, *Laborer*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Salina Grigashvili*

Address, *No 128 West St*

Remarks,

Learn, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62346

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

MAR
1893

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Caucasian light Brown

3. Date of Birth,

March 16 18.83

4. Place of Birth, (Street and Number)

Baltimore city No 50 Sarah St

5. Full Name of Mother,

Henrietta Waters

6. Mother's Maiden Name,

Henrietta Burkett

7. Mother's Birthplace,

Eastern Shore Md

8. Full Name of Father,

Isiah W. Waters

9. Father's Occupation,

Stone Porter

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Frances Snowden

Address,

No 60 Sarah an Street

Remarks,

live born

State, as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

62347

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race
3. Date of Birth March 17. 1883
4. Place of Birth (Street and Number) 250 S. South Park Street
5. Full Name of Mother Fannie J. Essex
6. Mother's Maiden Name Fannie Bowen
7. Mother's Birthplace Balvert Co. Md
8. Full Name of Father William B. Essex
9. Father's Occupation Merchant
10. Father's Birthplace Balvert Co. Md
- Name of Medical Attendant, or other Person who makes this return Abilla Brooks
- Address 210 Warner Street
- Remarks Doing well.

RETURN OF A BIRTH

62.548

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 17 / 83

4. Place of Birth, (Street and Number)

746 W. Pratt St.

5. Full Name of Mother,

Nattie Slinguland

6. Mother's Maiden Name,

Levandall

7. Mother's Birthplace,

Montgomery Co Md

8. Full Name of Father,

John H Slinguland

9. Father's Occupation,

machinist

Father's Birthplace,

Prince Georges Co Md

Name of Medical Attendant, or other Person who makes this Return

Thomas, Opie M.D.

Address.

39 N. Carey St

Remarks.

RETURN OF A BIRTH

62349

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

is it, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 March

4. Place of Birth, (Street and Number)

8 Thomson street

5. Full Name of Mother,

Mary Selawa

6. Mother's Maiden Name,

Berdier

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Timothy Selawa

9. Father's Occupation,

laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street.

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

"That any physician, nurse, midwife, or other person in charge, who advises at the birth of any child, within the City of Baltimore, shall report within six days thereafter, stating distinctly the date of birth, sex, and color, born, its or their physical condition, whether still-born or not, the full name of the parents, and the maiden name of the mother of such child or children."

1883

3

RETURN OF A BIRTH

6230A

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

Female
Color

march 19th

Glennville St 153

Margaret Batistoni
Batistoni

Balto
James Batistoni
single

Balto

A. Wilson
Craw St 338

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62311

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 17-1888*
4. Place of Birth, (Street and Number) *2 E. Madison St.*
5. Full Name of Mother *Clara L. Abou*
6. Mother's Maiden Name, *" Gorskoff,*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Jacob Abou*
9. Father's Occupation, *Cigar Manufacturer.*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Geo. D. Taylor M. D.*
Address, *284 N. Broadway*
Remarks,

Extract Regulations of the Board of Health to require a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62352

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth March 17th 1883
4. Place of Birth (Street and Number) Druid Hill Ave 644
5. Full Name of Mother Mr. V. Price.
6. Mother's Maiden Name Mr. V. Shea
7. Mother's Birthplace Balt. Md.
8. Full Name of Father J. Henry Price
9. Father's Occupation Clerk
10. Father's Birthplace Salbot Co Md.
Name of Medical Attendant, or other Person who makes this Return. Mrs. P. Keats M.D.
Address 168 Myrtle Ave
Remarks _____

Record of Vital Statistics in the City of Baltimore.

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

12303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... *give birth to female child*
1. Sex, (state whether male or female) ... *male*
2. Race or Color, (if not of the white race) ... *colored*
3. Date of Birth, ... *saturday march 17th 1883*
4. Place of Birth, (Street and Number) ... *gloucester ally N's 19*
5. Full Name of Mother, ... *Smiley Sykes*
6. Mother's Maiden Name, ... *annie hunter*
7. Mother's Birthplace, ... *west river, Md*
8. Full Name of Father, ... *andrew hunter*
9. Father's Occupation, ... *labor*
10. Father's Birthplace, ... *west river, Md*
- Name of Medical Attendant, or other Person who makes this Return. ... *Salley penilton*
- Address, ... *4094 Gasper*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

623521

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

123

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 1st 1893

4. Place of Birth, (Street and Number)

High St. 14303

5. Full Name of Mother,

Agathe Schönrich

6. Mother's Maiden Name,

Agathe Schönrich

7. Mother's Birthplace,

Stettin, Prussia, Germany

8. Full Name of Father,

Leopold Carl Otto Schönrich

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Hallgard, N. Hildesheim, Germany

Name of Medical Attendant, or other Person who makes this Return

Erz. E. Müller

Address,

601 N. 14th St.

Remarks,

Full name of child: Herbert Schönrich

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62305

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 17th 1893

4. Place of Birth, (Street and Number)

No. 193 Scott Street

5. Full Name of Mother,

Emma Lynch

6. Mother's Maiden Name,

Emma Tucker

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Lynch

9. Father's Occupation,

Rich. Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

M. J. Keenan

Address,

No. 36 Frederick Ave

Remarks,

1 fine child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62 317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th 1883.
4. Place of Birth, (Street and Number) S.E. Cr. Bulth Richmond St. City.
5. Full Name of Mother, Caroline Ellen Hayes.
6. Mother's Maiden Name, C. E. Apps
7. Mother's Birthplace, Gillingham Kent County England
8. Full Name of Father, Jerome John Hayes.
9. Father's Occupation, Employed in brick mill
10. Father's Birthplace, Maidstone England
- Name of Medical Attendant, or other Person who makes this Return Dr. Robert Johnson
- Address. 70 Cathedral St. Baltimore
- Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62358

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR
27
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth March 17th 1883
4. Place of Birth, (Street and Number) 152 N. Frank St
5. Full Name of Mother Mary E Mullin
6. Mother's Maiden Name " " Quinn
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas J. Mullin
9. Father's Occupation Bailmaker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Edward P. Mearns
- Address 54 Augusta St
- Remarks _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62319

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17 March

4. Place of Birth, (Street and Number) 41 Sow St

5. Full Name of Mother, Mary Walter

6. Mother's Maiden Name, Zeller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George J. Walter

9. Father's Occupation, Porter wagon driver

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Allig

Address,

48 Hollman

Remarks,

MAR
12
1893

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12360

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child.*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19th March 1883.*

4. Place of Birth, (Street and Number) *87 North Washington street.*

5. Full Name of Mother, *Wilhamina Winkam.*

6. Mother's Maiden Name, *Wilhamina Neusslein.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Joseph Neusslein.*

9. Father's Occupation, *Schoemaker.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*

Address, *North Chappel st. per Justine Kunkel.*

Remarks, *Healthy.*

MAR
19 1883

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62561

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 children

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 of March 1883

4. Place of Birth, (Street and Number)

No 20, Whillson St

5. Full Name of Mother,

F. H. Roath

6. Mother's Maiden Name,

Kate Key

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Whillson Roath

9. Father's Occupation,

Seaman

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Salina Grischaber

Address,

No 128 West St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62362

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
26
1897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

12362

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

56.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

March 17, 83

Permanently at 83.

May, 1890

17. 11. 1917

... 1811 ...

[illegible][illegible]

R. Murray Co.

Name of Medical Attendant, or other Person who makes this Return

Mrs. John P. Brough

Address,

Dr. W. H. H. 140 141

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62864

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March, 18th 1888

4. Place of Birth, (Street and Number)

Baltimore Columbia St. No. 238

5. Full Name of Mother,

Eliza Yeager

6. Mother's Maiden Name,

Ang

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert Yeager

9. Father's Occupation,

Conductor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 88 Parkin St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62365

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 18th 1883

4. Place of Birth, (Street and Number)

208 N. Gay St.

5. Full Name of Mother,

Constance R. Rouse

6. Mother's Maiden Name,

Pike

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John R. Rouse

9. Father's Occupation,

Tobacco Manufacturer

10. Father's Birthplace,

Norfolk Vir.

Name of Medical Attendant, or other Person who makes this Return

W. B. Billingsley

Address,

256 E. Prater St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

12366

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 18, 1883

4. Place of Birth, (Street and Number)

City 197 Clinton Place

5. Full Name of Mother,

Sadie Hamner

6. Mother's Maiden Name,

Sadie Hamner

7. Mother's Birthplace,

Germany, Mass.

8. Full Name of Father,

A. H. Hamner

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

A. Robinson M.D.

Address,

1311 Duane Street, City.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62367

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

18 March

4. Place of Birth, (Street and Number)

428. Pratt street

5. Full Name of Mother.

Margret Hildebrand

6. Mother's Maiden Name.

Duxcher.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Henry Hildebrand

9. Father's Occupation,

Barber shops

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Sarah Casper

Address,

72. E. Lombard street

Remarks,

RETURN OF A BIRTH 62368

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

18 of march

4. Place of Birth, (Street and Number)

Howard st 184

5. Full Name of Mother,

Maria pruska

6. Mother's Maiden Name,

jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry prisky

9. Father's Occupation,

single

10. Father's Birthplace,

Balto

Name of Medical Attendant,

or other Person who makes this Return

A. Wilson

Address,

1000 street 368

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12369

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18, 1883
4. Place of Birth, (Street and Number) 89 Mulberry st
5. Full Name of Mother, Lila Dorsey
6. Mother's Maiden Name, " Bradford
7. Mother's Birthplace, New Orleans
8. Full Name of Father, Arthur P. Dorsey
9. Father's Occupation, Collector
10. Father's Birthplace, Bathineau
- Name of Medical Attendant, or other Person who makes this Return P. B. Williams
- Address, 201 Indiana Ave
- Remarks, _____

APR 19 1883

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62371

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 18, of 1883

4. Place of Birth, (Street and Number)

No. 151 Garrett St.

5. Full Name of Mother.

Johanna Fitzgerald

6. Mother's Maiden Name.

Johanna Kenna

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Peolerd, Kenna

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

173 Harper's

Remarks,

1883 Mrs. Cristina Lauer 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise in the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62371

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18th of March

4. Place of Birth, (Street and Number)

105 Low St

5. Full Name of Mother,

Catherine Bornscheur

6. Mother's Maiden Name,

Halp

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm. Bornscheur

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Sophia Simonon

Address,

No 70 Granby St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 18th 1883
4. Place of Birth, (Street and Number) 71 Harrison st.
5. Full Name of Mother, Lina Rosenstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, T. Rosenstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Bernstein

Address,

N. 36 Lombard st.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62373

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 18th

4. Place of Birth (Street and Number)

222 W Carey St

5. Full Name of Mother

Anna Wharton

6. Mother's Maiden Name

7. Mother's Birthplace

Balto in?

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

I have no means of knowing the father's name, occupation or birth place but hope the above will be satisfactory

Name of Medical Attendant, or other Person who makes this Return.

Be satisfactory

Address

289 E Governor St
Baltimore

Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62374

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 18 1883*

4. Place of Birth, (Street and Number) *301 Gappa Court*

5. Full Name of Mother, *Alberta Frances*

6. Mother's Maiden Name, *Alberta Yail*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Bennie Frances*

9. Father's Occupation, *Writer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Harriet Jackson*

Address, *No 5 Forrest St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62375

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 15th 1883

4. Place of Birth, (Street and Number)

377 E. Gager St.

5. Full Name of Mother,

Fannie Kesselring

6. Mother's Maiden Name,

Forrest

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Henry Kesselring

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. H. M. Allegant

Address,

182 E. Monument St.

Remarks,

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.
(Mother 1st, 2d, 3rd, &c.)

Francisco
White
March 18, 1882
Wm. & Chas
Post

To the Office of the
 1st, 2d, 3d, &c.)

No. of Child of Mother,
(state whether n

1. Sex, (state whether male or female)

1. Sex (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, (Street and Number)

4. Place of Birth

6. Mother's Maiden Name

6. Mother's Maiden
7. Mother's Birthplace,
8. Full Name of Father
9. Father's Occupation

3. Full Name of Father.

10. Father's Birthplace

Name of Medical Attendant,

Address.

Remarks,

or other Person who
makes this Return

5th
 Francisco
 White
 March 18th 1882
 Gov. Cass & Chase Sts.
 Gates Barstow
 " Remond
 Lonsdale
 Frank Barstow
 Comptroller
 Garrison
 Wm. Hill
 152 E. Market St.
 100

Franklin
Garrison
Wm. Lloyd Garrison
Mrs. Wm. Lloyd Garrison

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist in or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62375

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 18th 1883

4. Place of Birth, (Street and Number)

377 E. Gager St

5. Full Name of Mother,

Freda K. Gager

6. Mother's Maiden Name,

Terrest

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Henry K. Gager

9. Father's Occupation,

Basket maker

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. H. K. Gager

Address,

152 E. Main Street St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62376

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 18th 1883

4. Place of Birth, (Street and Number)

Cor. Canal & Greene Sts.

5. Full Name of Mother,

Kate Beretson

6. Mother's Maiden Name,

Rosenfeld

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Beretson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Anna Willgaist

Address,

102 E. Washington St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62377

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 18th 1883*
4. Place of Birth, (Street and Number) *220 E Baltimore St—*
5. Full Name of Mother, *Carrie Esslinger*
6. Mother's Maiden Name, *Carrie Schiller*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Edward Esslinger*
9. Father's Occupation, *Druggist—*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *APR 11 1883 M. H.*
- Address, *#168 N Fayette St—*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12378

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 1st
- Sex, (state whether male or female) Female, Augustus Hodder.
 - Race or Color, (if not of the white race) White
 - Date of Birth, Mar. 18th 1883.
 - Place of Birth, (Street and Number) 57. N. Exeter Street
 - Full Name of Mother, Mary E. Hodder
 - Mother's Maiden Name, " " Rankin
 - Mother's Birthplace, Newark, N. J.
 - Full Name of Father, Geo. H. Hodder
 - Father's Occupation, Shoe Manufacturer
 - Father's Birthplace, County Cork, Ireland
 - Name of Medical Attendant, or other Person who makes this Return, Charles Jones
 - Address, 40. Broad St. Alley
 - Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12379

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Month 19th 1888
4. Place of Birth (Street and Number) 113 1/2 W. H. near Biddle
5. Full Name of Mother Mary J. Hooker Brown
6. Mother's Maiden Name Hooker
7. Mother's Birthplace Salem, Hancock Co. Pa.
8. Full Name of Father Mr. J. Brown
9. Father's Occupation "A Minister of Gospel"
10. Father's Birthplace West Co. Md.
- Name of Medical Attendant, or other Person who makes this Return. City Bookman
- Address 25 East
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

7238a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 19th 1883

4. Place of Birth, (Street and Number)

Baltimore S. Paca. St. N. 318

5. Full Name of Mother

Elizabeth Shauker

6. Mother's Maiden Name,

Benseler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John. Shauker

9. Father's Occupation,

Seabarer

10. Father's Birthplace.

Amundel.

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N. 5. 9. 5. Parkin St.

Remarks,

RETURN OF A BIRTH 62381

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 19th 1883

4. Place of Birth, (Street and Number)

Baltimore Parkin St No 69

5. Full Name of Mother.

Bridget Coyle

6. Mother's Maiden Name.

Malden

7. Mother's Birthplace,

Ireland

8. Full Name of Father.

James Coyle

9. Father's Occupation,

Stone-Cutter

10. Father's Birthplace.

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkin St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62382

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

or other Person who makes this Return

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62383

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 19 March
4. Place of Birth, (Street and Number) 46 cf. Central ave
5. Full Name of Mother, Barbara Brush
6. Mother's Maiden Name, " Ulm
7. Mother's Birthplace, Baden
8. Full Name of Father, Joseph Brush
9. Father's Occupation, Human hair manufacturer
10. Father's Birthplace, Baden
- Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Ulm
- Address, 48 Holland St
- Remarks, _____

RETURN OF A BIRTH 62384

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19 March

4. Place of Birth, (Street and Number) 25 Holland St

5. Full Name of Mother, Mary Rohlader

6. Mother's Maiden Name, Maisel

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, George Rohlader

9. Father's Occupation, clerk

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Ulbig

Address,

48 Holland St

Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62350

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Saley. Luwiania* *Whittington* ^{off} ^{Fin}
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Collard* [#]
3. Date of Birth, *march the 19 1883*
4. Place of Birth, (Street and Number) *gessen Street no 201*
5. Full Name of Mother, *Saley Luwiania Whittington*
6. Mother's Maiden Name, *Mary Premrose*
7. Mother's Birthplace, *Tobbert County*
8. Full Name of Father, *James Whittington*
9. Father's Occupation, *Oyster Shocker*
10. Father's Birthplace, *Sumner Lett County Co*
Name of Medical Attendant, or other Person who makes this Return *Mary Premrose*
Address, *Rover Street no 51*
Remarks, *She is doing very well*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12356

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, March 19, 1883.

4. Place of Birth, (Street and Number) 18 Eutaw Court.

5. Full Name of Mother, Anna Ringold.

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return May R Owen.

Address, 126 N Eutaw St.

Remarks,

RETURN OF A BIRTH 62387

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
8
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, 19th March 1883.

4. Place of Birth, (Street and Number) W Back St near Calhoun St

5. Full Name of Mother, Ella McQua

6. Mother's Maiden Name, " Schaeffer

7. Mother's Birthplace, Mo

8. Full Name of Father, Eugene McQua

9. Father's Occupation, Plumber

10. Father's Birthplace, Mo

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Wm H. Gentry
1 Waverly Terrace

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
6
1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 19th 1883

4. Place of Birth, (Street and Number)

NO 1218 Register St

5. Full Name of Mother...

Mary Williams

6. Mother's Maiden Name,

" J Lewis

7. Mother's Birthplace,

City

8. Full Name of Father,

Morris Williams

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

126 Bank St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62389

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 19th, 1883*

4. Place of Birth, (Street and Number) *No 82 Mc Keldin St.*

5. Full Name of Mother, *Connalia Amos*

6. Mother's Maiden Name, *Connalia Swear*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Amos*

9. Father's Occupation, *Musicians*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *H. A. Butt*

Address, *No. 185 S.E. on Central av. & Monument St.*

Remarks, *All Well*

“That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.”

RETURN OF A BIRTH

62390

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth.

March 19th 1883

4. Place of Birth, (Street and Number)

No 347 Hamburg St

5. Full Name of Mother.

Margaretta Mary Hooper

6. Mother's Maiden Name.

Maggie, Mary, Seely

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Friedrich J. Hooper

9. Father's Occupation.

Baker

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Seebach

Address,

439 West Patterson

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62391

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 13th 1883

4. Place of Birth (Street and Number)

No 138 Orlean St Balto Md

5. Full Name of Mother

Elizabeth Duerer

6. Mother's Maiden Name

Elizabeth Blakely

7. Mother's Birthplace

Germany

8. Full Name of Father

David Duerer

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Caroline Miller

Address

No 3 Walker St Balto Md

Remarks

RETURN OF A BIRTH 62392

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 19, 1885

4. Place of Birth, (Street and Number) S. Washington St. No. 184

5. Full Name of Mother, Katharine Miller

6. Mother's Maiden Name, Katharine Miller

7. Mother's Birthplace, Balt^y City

8. Full Name of Father, Ludwig Miller

9. Father's Occupation, Janitor

10. Father's Birthplace, Balt^y City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 1201 S. E. St. No. 20

Remarks

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12393

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

march the 14 1883

4. Place of Birth, (Street and Number)

401 E. Calton

5. Full Name of Mother,

Annia Scott

6. Mother's Maiden Name,

Anna Moore

7. Mother's Birthplace,

Cambridge Boston Shore md.

8. Full Name of Father,

Amial Scott

9. Father's Occupation,

barber

10. Father's Birthplace,

anarandel Conn.

Name of Medical Attendant,

or other Person who
makes this Return

Charlotte Worn

Address,

258 Waborg st

Remarks,

born sick but got at live

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12394

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 19th 1883

4. Place of Birth, (Street and Number)

10 381 S. Charles St.

5. Full Name of Mother,

Barbara Hoeflich
Schmidt

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Bernhardt Hoeflich

9. Father's Occupation,

Flour dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser Midwife

Address,

330 Hanover St.

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12395

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
12
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Brown
3. Date of Birth March 19th 1883
4. Place of Birth (Street and Number) No. 361 Penna. Ave.
5. Full Name of Mother Sarah Smallwood
6. Mother's Maiden Name Sarah Smallwood
7. Mother's Birthplace Charles County - Md.
8. Full Name of Father Unknown
9. Father's Occupation " "
10. Father's Birthplace " "
- Name of Medical Attendant, or other Person who makes this Return. A. B. Gardner
- Address 120 W. Greene St.
- Remarks This child was illegitimate.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 12396

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAR
1983

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 14th 1883
4. Place of Birth, (Street and Number) 10372 Hanover
5. Full Name of Mother Laura Matthews
6. Mother's Maiden Name L. Barnett
7. Mother's Birthplace Baltimore
8. Full Name of Father John Matthews
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Katharine Thanning
- Address 1018 Byrd st
- Remarks _____

RETURN OF A BIRTH 12397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. In or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *First Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19 of March 1883*

4. Place of Birth, (Street and Number) *No 5 Fayette St*

5. Full Name of Mother, *Lizzie Nooner*

6. Mother's Maiden Name, *Lizzie Cunningham*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Nooner*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Salina Griestaler*

Address, *No 128 West St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62398

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19th March 1883

4. Place of Birth, (Street and Number)

Batte Belair road

5. Full Name of Mother.

R. Lippa

6. Mother's Maiden Name,

7. Mother's Birthplace,

Bohemia

8. Full Name of Father.

Charles Lippa

9. Father's Occupation,

Shoemaker

10. Father's Birthplace.

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Koptish

Address,

69 St Washington St

Remarks,

Mary Koptish

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

62399

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
25
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

19 of march.

4. Place of Birth, (Street and Number)

Alice Anna

5. Full Name of Mother,

Emma Stokm.

6. Mother's Maiden Name,

Emma Stokm.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Stokm.

9. Father's Occupation,

labor.

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary L Swartz

Address,

59 Lyster

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62400

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

237
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *first child*
1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *19th of March 1883.*
4. Place of Birth, (Street and Number)..... *57 Jefferson*
5. Full Name of Mother,..... *Emma Alkley*
6. Mother's Maiden Name,..... *Edwards*
7. Mother's Birthplace,..... *Balt. City Md.*
8. Full Name of Father,..... *Henry Barker*
9. Father's Occupation,..... *Butcher*
10. Father's Birthplace,..... *Balt. City Md.*
- Name of Medical Attendant, or other Person who makes this Return..... *Mrs. M. E. H. H. H.*
- Address,..... *94 N. E. 1st street*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62401

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 26 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62402

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 17th 1888

4. Place of Birth, (Street and Number)

120 Green St.

5. Full Name of Mother.

Sophie Neustead

6. Mother's Maiden Name,

Bachman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Paul Neustead

9. Father's Occupation,

Baker

10. Father's Birthplace:

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Anna M. Galt

Address,

182 E. Monument St.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be required to file with the City and County of Baltimore, a return of the birth, in the form of a blank schedule to be furnished by the Board of Health. This return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the sex, color, the full name of the child, the day and place of its birth, and the said schedule shall be delivered, duly signed by the physician, on or before the first and third day of each and every month to the Board of Health, in the form of a birth of any child born without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to require the physician, or the practitioner of midwifery, or any person or persons who shall hereafter fail to comply with the provisions of this ordinance, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 10 - 1883*

4. Place of Birth, (Street and Number) *63 Mosher St.*

5. Full Name of Mother, *Kate P. Fraily*

6. Mother's Maiden Name, " " *Jones*

7. Mother's Birthplace, *md.*

8. Full Name of Father, *Leonard Marshall Fraily*

9. Father's Occupation, *clerk*

10. Father's Birthplace, *md.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

B Lane Fannyhill

219 Madison ave



NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

62404



To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)

~~3~~

(state whether Male or Female)

~~Female~~

Race or Color (if not of the white race)

Date of Birth

March 20th

Place of Birth (Street and Number)

43 W. Guilmore St

Full Name of Mother

Jennie Calder Robinson

Mother's Maiden Name

Leynie Calder Cameron

Mother's Birthplace

Baltimore

Full Name of Father

George Gibson Robinson

Father's Occupation

Clerk

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. J. Caldwell

Address

99 W. Charles St

Remarks

7 months child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12405

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *March 20 1883*

4. Place of Birth, (Street and Number) *222 Purchase St*

5. Full Name of Mother *Frenia Hudson*

6. Mother's Maiden Name, *Frenia Lockins*

7. Mother's Birthplace, *Eastern Shore*

8. Full Name of Father, *Billy Hudson*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Princeton Co*

Name of Medical Attendant, or other Person who makes this Return *Lucinda Wolford*

Address, *130 Regester St*

Remarks,

Rec'd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

62406

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. Date of Birth 20th March 1883

4. Place of Birth (Street and Number) N.E. Cor. of Patterson Park Avenue

5. Full Name of Mother Mrs Bell Ozier.

6. Mother's Maiden Name Bell Bond.

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Mr Geo Ozier

9. Father's Occupation Gardner

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. J. N. Cockrill M.D.

Address # 340 E. Baltimore

Remarks Baltimore Md.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62407

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *March 20th*
4. Place of Birth (Street and Number) *177 Carrollton Ave.*
5. Full Name of Mother *Helen E. Gains*
6. Mother's Maiden Name *Helen E. Jordan*
7. Mother's Birthplace *Carroll Co. Md.*
8. Full Name of Father *Geo. E. Gains*
9. Father's Occupation *Dr. Physician*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. E. Gains M.D.*
- Address *177 Carrollton Ave.*
- Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62468

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 20th 1883
4. Place of Birth, (Street and Number) N^o 108 Randall st
5. Full Name of Mother Maggie Perator
6. Mother's Maiden Name Maggie M^{rs} Grant
7. Mother's Birthplace Ireland
8. Full Name of Father Robert Perator
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this return. Katharine Thernung
- Address N^o 18 Byrd st
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Elizabeth Lee Schupp

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th child.

1. Sex, (state whether male or female)

Girl.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

20th of March 1883.

4. Place of Birth, (Street and Number)

355 East Orlean St.

5. Full Name of Mother,

Maggie Miller.

6. Mother's Maiden Name,

Maggie Schupp.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Christ Schupp.

9. Father's Occupation,

Cigar-maker.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel.

Address,

71 North Chappel St. per Justina Kunkel.

Remarks,

Healthy.

"First any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

124110

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 20th 1883

4. Place of Birth, (Street and Number)

Orleans St. near Washington

5. Full Name of Mother,

Archie Koars

6. Mother's Maiden Name,

Dijk

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Koars

9. Father's Occupation,

Musician

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

W. B. Billingslee

Address,

256 E. Proctor St.

Remarks,

"That any physician, seconcheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62411

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Lurenda Smith Balt.* 7 8
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Nov 1 1880*
4. Place of Birth, (Street and Number) *1617 Broadway*
5. Full Name of Mother, *Lurenda Smith*
6. Mother's Maiden Name, *Lurenda Jackson*
7. Mother's Birthplace, *Harper Co. Md.*
8. Full Name of Father, *Joseph Burk Smith*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balt. Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return *Charles A. Johnson*
- Address *102 Smith St.*
- Remarks *Child born Lurenda Lurenda Smith*

SECTION 4.—And for further enactment and ordainment, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Comptroller during the month, and shall contain a list of the births which have occurred under his or her care during the month, and shall be signed by the midwife, and shall be filed in the office of the Comptroller, and any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by its practitioner, in the form of a certificate, to the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or within the period of time required, except in the case of two births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 20. 1883.*

4. Place of Birth, (Street and Number) *63 Mosher st*

5. Full Name of Mother, *Kate P Frailey*

6. Mother's Maiden Name, *" Jones*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Leonard Marshall Frailey*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who makes this Return *Chas Lane Daneyhiser*

Address, *219 Madison ave*

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62413

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 20 83*
4. Place of Birth (Street and Number) *#161 Fulton St.*
5. Full Name of Mother *Mary A. Cross*
6. Mother's Maiden Name *Mary A. Westwood*
7. Mother's Birthplace
8. Full Name of Father *J. M. Cross*
9. Father's Occupation *Book Keeper*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *A. C. Pole*
Address *No 1 North St.*
Remarks

5-3
1933

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62414

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

20th of March 1883

4. Place of Birth (Street and Number)

118 N. Front St

5. Full Name of Mother

Martha Banks

6. Mother's Maiden Name

Martha Auster

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

E. B. Banks

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Centerville Queen Anne's Co Md

Name of Medical Attendant, or other Person who makes this Return

J. H. Cotton M.D.

Address

237 N. Caroline St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, or other person who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62411A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 20/88*
4. Place of Birth, (Street and Number) *120 Arden St*
5. Full Name of Mother, *Rebecca Wilmer Wasky*
6. Mother's Maiden Name, *Rebecca Wilmer Wasky*
7. Mother's Birthplace, *Baltimore, Md*
8. Full Name of Father, *William Oliver Wasky*
9. Father's Occupation, *Apprentice*
10. Father's Birthplace, *Baltimore, Md*
- Name of Medical Attendant, or other Person who makes this Return *W. O. Wasky*
- Address, *120 Arden St*
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62416

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

80

APR
3
1923

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 20th 1883

4. Place of Birth, (Street and Number)

141 N. Wolf St

5. Full Name of Mother

Marguertha Frink

6. Mother's Maiden Name,

" Trump

7. Mother's Birthplace,

City

8. Full Name of Father,

Julius Frink

9. Father's Occupation,

Seagr. Packer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betty

Address,

28 Bank St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62417

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th 1883.
4. Place of Birth, (Street and Number) No - East Monument St.
5. Full Name of Mother, Kate Lephardt
6. Mother's Maiden Name, Kate Reine
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christopher Lephardt
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return W. A. Birt
Address, No. 185. S. E. cor Central av & Monument St.
Remarks, All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62418

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

APR 1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 20th. 1883.

4. Place of Birth, (Street and Number)

No 218 E. Eager

5. Full Name of Mother

Annie Gehring

6. Mother's Maiden Name,

Annie Metz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Gehring

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace:

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. A. B. Pitt

Address, No. 185 S. E. cor. Central av.

Remarks, Still born.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

53

RETURN OF A BIRTH

62419

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

ATD.
1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)...

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

March 26 1883

4. Place of Birth, (Street and Number)

Lenox St No 1

5. Full Name of Mother,

Mary Presser

6. Mother's Maiden Name,

Mary Bird

7. Mother's Birthplace,

Essex Co

8. Full Name of Father,

James Presser

9. Father's Occupation,

laborer

10. Father's Birthplace,

North Ct

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Proctor M.D.
Wife of Dr. W. Carlton

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, w/in shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

20th of March

4. Place of Birth, (Street and Number)

O'Neil Ave No 9

5. Full Name of Mother,

Phetie Hallard

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

West Island

8. Full Name of Father,

William Howard

9. Father's Occupation,

single

10. Father's Birthplace,

Calvert County

Name of Medical Attendant, or other Person who makes this Return

A. Wilson

Address,

Cross St 30%

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62421

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *March 20th 1883.*

4. Place of Birth, (Street and Number) *510 N. Broadway.*

5. Full Name of Mother, *Kate P. Patterson.*

6. Mother's Maiden Name, *Wilson.*

7. Mother's Birthplace, *Scotland.*

8. Full Name of Father, *Frank Patterson.*

9. Father's Occupation, *Merchant.*

10. Father's Birthplace, *Scotland.*

Name of Medical Attendant, *John P. White M.D.*
or other Person who makes this Return.

Address, *342 N. Broadway.*

Remarks, *W.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2nd~~, etc.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 20th 1883

4. Place of Birth, (Street and Number)

119 Conway St

5. Full Name of Mother,

Rebecca Jane Bryer

6. Mother's Maiden Name,

Rebecca Jane Pitman

7. Mother's Birthplace,

Northumberland County Va.

8. Full Name of Father,

Wm C Bryer

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Lancaster County Va

Name of Medical Attendant, or other Person who makes this Return

Address, 162 S Charles St

Remarks,

Wm Correll M.D.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth.

March 20th 1883

4. Place of Birth, (Street and Number)

Harrison St.

5. Full Name of Mother.

Rose Krug

6. Mother's Maiden Name.

7. Mother's Birthplace.

Poland

8. Full Name of Father.

Heiman Krug

9. Father's Occupation.

Pedler

10. Father's Birthplace.

Poland

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Bernstein

Address,

113 E. Lombard St.

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62424

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

1st
Male
Colored
March 20th
117 Levee St. Bklyn
Mary Wilson
Nude
Princess Anne Md.
Duckie Wilson
Butcher
Princess Anne Md.
Mrs. Annie Johnson
94 Johnson Street

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62425

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female
Color

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 20th 1883.

4. Place of Birth, (Street and Number)

No 52. Madry Alley.

5. Full Name of Mother,

Martha Wingate

6. Mother's Maiden Name,

the same

7. Mother's Birthplace,

Dorchester Co. Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Address,

No. 15. Downer Alley Baltimore

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62426

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Dark Brown Skin
3. Date of Birth March 20th
4. Place of Birth (Street and Number) Elbow Lane, No. 1 between Green & Warren
5. Full Name of Mother Mrs. Eliza Colthman
6. Mother's Maiden Name Eliza Jones
7. Mother's Birthplace Centerville Queen Anne County
8. Full Name of Father Albert Colthman
9. Father's Occupation Watershuck & Brick Yard
10. Father's Birthplace Dorchester County Md
- Name of Medical Attendant, or other Person who makes this Return. Rosella Siloway
- Address 106 York street
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62427

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 20 1883

4. Place of Birth, (Street and Number)

1515 James Alley

5. Full Name of Mother,

Mary Roemer

6. Mother's Maiden Name,

Roll

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Roemer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schuesser midwife

Address,

330 Thacker St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62428

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

AMT
1833

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Negroe

3. Date of Birth,

March 20 1853

4. Place of Birth, (Street and Number)

508 Bethel St.

5. Full Name of Mother,

Mary Williams

6. Mother's Maiden Name,

Wilson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Williams

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Stein

Address,

151 E Pratt

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second - 2 -

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mch 21st 1883

4. Place of Birth, (Street and Number)

Maternity - 161 N Lombard St

5. Full Name of Mother,

Fannie Hodges

6. Mother's Maiden Name,

Fannie Hodges

7. Mother's Birthplace,

Norfolk Co. Virginia

8. Full Name of Father,

William Hodges

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Norfolk Co - Virginia

Name of Medical Attendant, or other Person who makes the Return

H. P. McIntosh

Address,

Maternity Hospital - 161 N. Lombard St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6243a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. *March 22nd 1883*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 21st 1883*

4. Place of Birth, (Street and Number) *174 Caroline St.*

5. Full Name of Mother, *Mary Bauer*

6. Mother's Maiden Name, *Mary Jost*

7. Mother's Birthplace, *America*

8. Full Name of Father, *John Bauer*

9. Father's Occupation, *Boat-maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mary Amend

Address, *No. 137 E. High St.*

Remarks, *11-2*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 62451

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Mar 21 1883

4. Place of Birth, (Street and Number) 29 Eddy St

5. Full Name of Mother, Mary Jones

6. Mother's Maiden Name, "

7. Mother's Birthplace, Ireland

8. Full Name of Father, Sam'l Bond - Carpenter

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return Chas. M. D.

Address, 143 N Eddy St

Remarks, R. P. a - for copy

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62432

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21 of March 1888.*
4. Place of Birth, (Street and Number) *Monument street.*
5. Full Name of Mother, *Mary Sagner*
6. Mother's Maiden Name, *Mary Schraudner.*
7. Mother's Birthplace, *Pittsburg, Pa.*
8. Full Name of Father, *Leonard Schraudner.*
9. Father's Occupation, *Butcher.*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel.*
Address, *71 North Chappel st. for Justina Kunkel*
Remarks, *Healthy.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62433

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 21st. 1883*
4. Place of Birth (Street and Number) *Barnes St. Balt. City*
5. Full Name of Mother *Molly Seddon*
6. Mother's Maiden Name *Carboe*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Seddon*
9. Father's Occupation *Painter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Goetitia Placher Midwife*
- Address *116. North Caroline St.*
- Balt. City*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62434

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 21st 1883

4. Place of Birth, (Street and Number)

262 S. Ann St

5. Full Name of Mother,

Lizzie Brown

6. Mother's Maiden Name,

Lang

7. Mother's Birthplace,

City

8. Full Name of Father,

John Brown

9. Father's Occupation,

Mariner

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Best

Address,

100 Banks St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62435

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st of March

4. Place of Birth, (Street and Number)

Preston St. no number

5. Full Name of Mother, Mary Lucas

6. Mother's Maiden Name, Donnellis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lucas

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Charlotte Crosby
or other Person who makes this return

Address, 364 Cathedral St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62436

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

George Hauser

APR
12
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 21st 1883*
4. Place of Birth, (Street and Number) *No 63, Mullikin St.*
5. Full Name of Mother, *Anne M. Hauser*
6. Mother's Maiden Name, *Anne M. Geiger*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Wm Hauser*
9. Father's Occupation, *Cabinet-maker*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

No. A. Galt

Address, *No. 185, S.E. cor. Central av. & Monument St*

Remarks, *All well* GIVEN NAME ADDED *1-28-54*

h. n.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62437

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 21st 1887

4. Place of Birth, (Street and Number)

No. 156. Eager St.

5. Full Name of Mother,

Ella W. Duffy

6. Mother's Maiden Name,

" " Duffy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bernard J. Duffy

9. Father's Occupation,

Wheelwright

10. Father's Birthplace:

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Josephina Conrad

Address,

No. 20. Barnes, St.,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62438

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 21st 1893

4. Place of Birth, (Street and Number)

No. 153 Chesapeake St.

5. Full Name of Mother,

Mary Hanson

6. Mother's Maiden Name,

Agnes Hook

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Nelson Henry Hanson,

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Garrett

Address,

No. 65 Burke St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

624-29

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4
1. Sex, (state whether male or female)... Female
2. Race or Color, (if not of the white race)... Colored
3. Date of Birth... 21st Feb
4. Place of Birth, (Street and Number)... No. 36 Jackson Court
5. Full Name of Mother... R. Neal
6. Mother's Maiden Name... R. Smith
7. Mother's Birthplace... Anna Smith
8. Full Name of Father... Thomas Neal
9. Father's Occupation... Oyster seller
10. Father's Birthplace... Baltimore
- Name of Medical Attendant, or other Person who makes this Return... Wm. Blake
- Address... 5-3 Canton St
- Remarks... Healthy born.

Let any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62440

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21st Mar*
4. Place of Birth, (Street and Number) *280 W. Lombard Street*
5. Full Name of Mother, *Haroline Höplich*
6. Mother's Maiden Name, *Eicke*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *J. Höplich*
9. Father's Occupation, *Hamm Worker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *S. Behrman* *Midwife*
- Address, *54 Essex St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother if such child or children."

RETURN OF A BIRTH

62441

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar 26th

4. Place of Birth, (Street and Number)

443 Franklin St

5. Full Name of Mother,

Mrs. H. F. Hill

6. Mother's Maiden Name,

Margaret Stone

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

H. F. Hill

9. Father's Occupation,

Min.

10. Father's Birthplace,

Ala.

Name of Medical Attendant,

or other Person who makes this Return

H. F. Hill, M.D.

Address,

443 Franklin St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62042

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21 March 1883

4. Place of Birth, (Street and Number)

Balt. Monument St No 52

5. Full Name of Mother,

Mary Pesche

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Pesche

9. Father's Occupation,

Salver

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary Scapish

Address,

69 N. Washington St

Remarks,

Mary Scapish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12443

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

26
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 March 1883

4. Place of Birth, (Street and Number) South West at Fayette on Gas

5. Full Name of Mother, Mary Berner

6. Mother's Maiden Name, M. Mathews

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Geo. Berner

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Skoptish

Address, 99 N. Washington St

Remarks, Mary Skoptish

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62444

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 21st

4. Place of Birth, (Street and Number) Belair Ave. Emd

5. Full Name of Mother Mrs. Kate Korman

6. Mother's Maiden Name. Dykes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frederick Korman

9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Goetzke

Address, No 55 S. O. B. and St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62445

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar 21, 1882

4. Place of Birth, (Street and Number)

No. 1252 Chase

5. Full Name of Mother,

Kathe Lohr

6. Mother's Maiden Name,

Kathe Lohr

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Lohr

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

1102 Christiana Lane

Remarks,

177 Kupper Ave.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62446

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 21, 1883

4. Place of Birth, (Street and Number)

117 (C) Bay St.

5. Full Name of Mother,

Laura E. Smith

6. Mother's Maiden Name,

Harman

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

George E. Smith

9. Father's Occupation,

Freight Clerk

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Wm. H. Smith

Address,

117 (C) Bay St.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
26
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st March 1883

4. Place of Birth, (Street and Number)

53 Gilman St.

5. Full Name of Mother,

Mary E Pearson

6. Mother's Maiden Name,

Layton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jas E. Pearson

9. Father's Occupation,

Tradesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
makes this Return.

A. M. Dodds

Address,

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical constitution, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12448

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Benjamin Ulman Siegel



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W.
3. Date of Birth 21 March 1883
4. Place of Birth (Street and Number) 189 W. Fayette St
5. Full Name of Mother Rachael Siegel
6. Mother's Maiden Name Rachael Ulman
7. Mother's Birthplace Balto.
8. Full Name of Father Sol Siegel
9. Father's Occupation Merchant
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return Christopher Johnson M.D.
- Address 1082 Franklin St
- Remarks CETER NAME ADDED. 4-18-52

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62449

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 21 of March
4. Place of Birth (Street and Number) 129 South Stricker
5. Full Name of Mother Mrs. Annice Leeman
6. Mother's Maiden Name Annice Seibel
7. Mother's Birthplace Easton Pan
8. Full Name of Father Mrs. John Leeman
9. Father's Occupation hatter
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mary Dranning
- Address 62 Park St
- Remarks

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62450

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

21st March 1853

4. Place of Birth, (Street and Number)

86 Hill St

5. Full Name of Mother.

Elizabeth Durs
Leake

6. Mother's Maiden Name.

7. Mother's Birthplace.

Balt

8. Full Name of Father.

Geo. A. Durs

9. Father's Occupation.

Clerk

10. Father's Birthplace.

Balt

Name of Medical Attendant, or other Person who makes this Return

J. W. Webster

Address,

57 Banner

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7th child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

21st March 1883

4. Place of Birth, (Street and Number)

139 Montgomery

5. Full Name of Mother

Lizzie Jones

6. Mother's Maiden Name,

Pearson

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Wm. C. Jones

9. Father's Occupation,

Custom House officer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

H. W. Webster, Jr.

Address,

57 Barron

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62452

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar 22nd 1882

4. Place of Birth, (Street and Number)

Maternity Hosp. 161 W. Lombard St.

5. Full Name of Mother,

Corrie Murphy

6. Mother's Maiden Name,

do

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Murphy

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

W. Rogers M. D. Intash M. D. Res. Phy.

Address,

Maternity Hosp. 161 W. Lombard St.

Remarks,

Legitimate

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62453

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex. (state whether male or female)

Female

2. Race or Color. (if not of the white race)

White

3. Date of Birth.

Mar 22nd

4. Place of Birth. (Street and Number)

281 Mulberry St

5. Full Name of Mother.

Mrs. Eli A. Debring

6. Mother's Maiden Name.

Eli A. Thalheimer

7. Mother's Birthplace.

Balto.

8. Full Name of Father.

Alf. J. W. Debring

9. Father's Occupation.

Chick

10. Father's Birthplace.

Balto.

Name of Medical Attendant,

or other Person who makes this Return

H. F. Hill M.D.

Address,

443 Franklin St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

12412

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1883
12412
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 22nd 1883

4. Place of Birth, (Street and Number)

No 82 Grindle St

5. Full Name of Mother

Margaret Stallkamp

6. Mother's Maiden Name

Margaret Winter

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Stallkamp

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catharine Hermann

Address

No 18 Royal St

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62450

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 22 March

4. Place of Birth, (Street and Number) 56 Hanson St

5. Full Name of Mother, Katie Heock

6. Mother's Maiden Name, " Keitler

7. Mother's Birthplace, Baden

8. Full Name of Father, John Heock

9. Father's Occupation, Provision Store

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Ulbrich

Address,

48 Holland St - Balt

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62416

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 22nd. 1883.*

4. Place of Birth, (Street and Number) *No. 44 East St.*

5. Full Name of Mother, *Sarah Burkhard*

6. Mother's Maiden Name, *Sarah Smith.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Daniel Burkhard*

9. Father's Occupation, *Coach Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *M. A. Butt.*

Address, *No. 185. S.E. cor. Central av. & Monument St.*

Remarks, *All Well*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62457

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22: 83
4. Place of Birth, (Street and Number) Park Ave. & (Dolphin St
5. Full Name of Mother, Virginia Repuhart
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Repuhart
9. Father's Occupation, Gen. Store
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return D. B. Williams
- Address, 201 Madison Ave
- Remarks, _____

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

male child

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

22 March 1883

4. Place of Birth, (Street and Number)

No. 7, Waterfront St

5. Full Name of Mother

6. Mother's Maiden Name,

Rhoda Jones

7. Mother's Birthplace,

Baltimore, Co. Md.

8. Full Name of Father,

Stewart S. Cabbell

9. Father's Occupation,

Writer

10. Father's Birthplace,

Staunton, Virginia

Name of Medical Attendant,

or other Person who makes this Return

Mary G. Jones

Address,

No. 7 Waterfront St City

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62459

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) to male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 22nd March 1883

4. Place of Birth, (Street and Number) 273 Chappel St

5. Full Name of Mother,

6. Mother's Maiden Name, Rebecca Carson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. Smith

9. Father's Occupation, Junk Dealer

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Ellen Carson

Address, 273 N. Chappel St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. In or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

72460

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 22nd 1883*
4. Place of Birth, (Street and Number) *Box Granby and Central Aves*
5. Full Name of Mother *Sarah Jaffee*
6. Mother's Maiden Name, *Miller*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Moses Jaffee*
9. Father's Occupation, *Pedler*
10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes the Return

Address, *113. 6. Lombard st.*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62461

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *92*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *March 22^d 1883*
4. Place of Birth (Street and Number) *311 Linden Ave.*
5. Full Name of Mother *Elija Hooper*
6. Mother's Maiden Name *Elija Stevenson*
7. Mother's Birthplace *Balt. City*
8. Full Name of Father *J. A. Hooper*
9. Father's Occupation *Banking*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *A. B. Baker M.D.*
- Address *234 W. Fayette St.*
- Remarks *Full name of child - Thomas S. Hooper.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62462

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

2nd

1. Sex, (state whether male or female)....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 22

4. Place of Birth, (Street and Number)

No 299 Forest St

5. Full Name of Mother,

Kato Kilduff

6. Mother's Maiden Name,

McCarty

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Kilduff

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Wm Whitridge

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62462

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth March 22nd
 4. Place of Birth (Street and Number) 118 Carrollton Avenue
 5. Full Name of Mother Clara Uhler
 6. Mother's Maiden Name Clara Burgess
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Thomas Uhler
 9. Father's Occupation Clerk
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Mary E. Price
 Address 389 East Madison St.
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 22^d 1883

4. Place of Birth, (Street and Number)

150 Sharp St.

5. Full Name of Mother.

Kate E. Rowe.

6. Mother's Maiden Name.

Auld.

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Wm. E. Rowe.

9. Father's Occupation,

Sea Merchant

10. Father's Birthplace.

Ba

Name of Medical Attendant,

or other Person who
makes this Return

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62467

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

86

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 22. 83.

4. Place of Birth, (Street and Number)

W. Adams St. 94

5. Full Name of Mother,

Margaret Stickler

6. Mother's Maiden Name,

Bird

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Georg Stickler

9. Father's Occupation,

Timber

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Frank

Address,

114 W. Adams St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62466

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 22^d 1883

4. Place of Birth, (Street and Number)

437 N. Calhoun

5. Full Name of Mother.

Mother Alice Grier

6. Mother's Maiden Name,

Frankenfield

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father.

P. J. Grier

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

J. A. Christian M.D.

Address,

431 Penna. Ave.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 22nd 1883.
4. Place of Birth (Street and Number) 243 N Gay St.
5. Full Name of Mother Martha E. Cardwell
6. Mother's Maiden Name " " Measells
7. Mother's Birthplace Fredrick County, Md.
8. Full Name of Father (Died Jan'y 13-1883) Jackson Cardwell
9. Father's Occupation Bonnet frame factory
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. D W Cathell M D
- Address 2 N Broadway.
- Remarks X

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62468

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male ~~Female~~)

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *March 28 - 1883*

4. Place of Birth (Street and Number) *#1 Normant Alley*

5. Full Name of Mother *Lilli Brooks*

6. Mother's Maiden Name *Same*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *George Thomas*

9. Father's Occupation *Doctor*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who make this Return. *J. W. Clark*

Address *B. G. Dispensary*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

30

RETURN OF A BIRTH.

12469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth March 22nd 1883
 4. Place of Birth (Street and Number) 125 N. Charles St.
 5. Full Name of Mother Louisa Southall Cordell
 6. Mother's Maiden Name Louisa Southall
 7. Mother's Birthplace Virginia
 8. Full Name of Father Eugene Fauntleroy Cordell
 9. Father's Occupation Physician
 10. Father's Birthplace West Va.
 Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M. D.
 Address 125 N. Charles St.
 Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62470

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 22 1883*
4. Place of Birth, (Street and Number) *No 71 Sharp St, Balt Md*
5. Full Name of Mother, *Mary Georgetown Fallin*
6. Mother's Maiden Name, *M. G. Shumway*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Daniel Fallin*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mrs. Nash*
or other Person who makes this Return
- Address, *107 Johnson St Baltimore Md.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62471

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY. March 23rd 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 23rd 1883

4. Place of Birth, (Street and Number) 341 Eastern Ave.

5. Full Name of Mother, Barbara Deer

6. Mother's Maiden Name, Barbara Mauchman

7. Mother's Birthplace, Germany

8. Full Name of Father, Michael Deer

9. Father's Occupation, Basket-maker

10. Father's Birthplace, Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Mary Amend

Address, No. 137 S. Wolfe St.

Remarks,

[Signature]

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62472

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 23-83*

4. Place of Birth, (Street and Number) *74 Gaspar St.*

5. Full Name of Mother, *Mary Hammond*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Balto.*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *B. A. Turner, M.D.*

Remarks, *Attended from our Patient Obstetrical*

Department of Women & Childs Hospital
126 North Eutan St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

March 23/83

4. Place of Birth, (Street and Number)

778 Louisiana Str Canton

5. Full Name of Mother.

Lisette Bernann

6. Mother's Maiden Name.

Wagner

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

William Bernann

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 New York Ave

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62474

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 23rd 1903

4. Place of Birth, (Street and Number)

621 Penna Ave

5. Full Name of Mother,

Maggie Evans

6. Mother's Maiden Name,

Bergman

7. Mother's Birthplace,

Coal Co. Md

8. Full Name of Father,

John S. Evans

9. Father's Occupation,

Master

10. Father's Birthplace,

Beth Co Md

Name of Medical Attendant, or other Person who makes this Return

Chas E Sadler M.D.

Address,

563 Union Hill Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62475

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 23rd 1883
4. Place of Birth (Street and Number) 1625 George
5. Full Name of Mother Miss Anna Maria Collins Boston
6. Mother's Maiden Name A. E. Collins
7. Mother's Birthplace Balt. City
8. Full Name of Father James Marcellus Boston
9. Father's Occupation Iron Can Maker
10. Father's Birthplace Balt. City
- Name of Medical Attendant, or other Person who makes this Return. James E. L. M. M.D.
- Address 2976 Balt. Street
- Remarks

RETURN OF A BIRTH.

12476

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 23rd 1883

4. Place of Birth (Street and Number) 22.3 S. Lane

5. Full Name of Mother Mary Ellen Wright

6. Mother's Maiden Name J. C. Brown

7. Mother's Birthplace Balt. City

8. Full Name of Father Charles Ed. Wright

9. Father's Occupation Mechanic

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return.

Address 147 G. Baltimore St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

52

APR 1883

1. Sex, (state whether male or female)

2 Males

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March the 23, 1883

4. Place of Birth, (Street and Number)

M. Chundry St No 357

5. Full Name of Mother,

Louisa Albert

6. Mother's Maiden Name,

Louisa Shauler

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Albert

9. Father's Occupation,

Saloon keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs S. Dallen

Address,

No 192 Pratt St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62478

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female)

State Female Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

23 March

4. Place of Birth, (Street and Number)

48 Style street

5. Full Name of Mother,

Margret Megee

6. Mother's Maiden Name,

Conway

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Megee

9. Father's Occupation,

labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard street.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

52479

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

23 March

4. Place of Birth, (Street and Number)

199 Force street

5. Full Name of Mother.

Annie Rediger

6. Mother's Maiden Name.

Doin

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

John Rediger

9. Father's Occupation.

Book keeper

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62480

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, March 23. 1883
4. Place of Birth, (Street and Number) No 64 S. Ann Street
5. Full Name of Mother, Clara Groff
6. Mother's Maiden Name, Richards
7. Mother's Birthplace, Balt.
8. Full Name of Father, Chas. Groff
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt.

Name of Medical Attendant,

or other Person who
makes this Return

C. W. Groff

Address.

306 N. Fayette Street

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, paternity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62481

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *23 March 1883*

4. Place of Birth, (Street and Number) *24 George Street*

5. Full Name of Mother, *Emma Beutner*

6. Mother's Maiden Name, *Emma Kuehler*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Beutner*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. Reinhard*

Address, *224 West Fayette Street*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62482

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *23rd Nov 1883*
4. Place of Birth (Street and Number) *161 North Bond*
5. Full Name of Mother *Margaret Keily*
6. Mother's Maiden Name *Margaret Stokely*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Samuel Keily*
9. Father's Occupation *Chester*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *John D. Stevenson M.D.*
- Address *E. W. Calvert & Kent Bldg*
- Remarks

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62483

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

MAR
27
1883

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

March 23rd 1883

4. Place of Birth, (Street and Number)

19 E. Bayview St

5. Full Name of Mother

Elizabeth A. Strahan

6. Mother's Maiden Name

Beatty

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Thomas P. Strahan

9. Father's Occupation

Carrier

10. Father's Birthplace

Ireland

Name of Medical Attendant,

or other Person who makes this Return.

Edward P. Devitt

Address

54 Wisconsin St

Remarks

Congenital Palsy.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12454

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) .. Colored.
3. Date of Birth, Mc 1.26. Roburg St.
4. Place of Birth, (Street and Number) Mard 23rd
5. Full Name of Mother, Mary Walters
6. Mother's Maiden Name, Mary Bacon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Walters
9. Father's Occupation, writer
10. Father's Birthplace, Colver County MD
- Name of Medical Attendant, or other Person who makes this return Mrs Blake
- Address, 53 Carlton St
- Remarks, Healthy thriving

"What any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

92485

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 23 '83

4. Place of Birth, (Street and Number)

352 E Chayelle St

5. Full Name of Mother,

Sophia Kuestinger

6. Mother's Maiden Name,

Pileton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lewis Kuestinger

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A Allenell

Address, 286 Mc Donogh St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62486

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth March 23d 1887
4. Place of Birth (Street and Number) 312 Westmoreland Street
5. Full Name of Mother Anna Hill
6. Mother's Maiden Name Schlesinger
7. Mother's Birthplace Baltimore City
8. Full Name of Father Julius Hill
9. Father's Occupation Butcher
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return, Myrtice A. Taylor M.D.
- Address 188 Broadway
- Remarks Mother and child both doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

62487

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *March 23rd*
4. Place of Birth (Street and Number) *11 Little Montgomery St.*
5. Full Name of Mother *Mary Brown*
6. Mother's Maiden Name *Mary Cooper*
7. Mother's Birthplace *Lumberland Co. Md.*
8. Full Name of Father *Joshua Brown*
9. Father's Occupation *Trades*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *L. M. Hall M.D.*
- Address *262 Sharp St.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

MAR
120
1883

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62489

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored child*

3. Date of Birth, *23 March 1885*

4. Place of Birth, (Street and Number) *44 Harwood City*

5. Full Name of Mother, *Elisire Bowser*

6. Mother's Maiden Name, *Pulbert Co. Mds.*

7. Mother's Birthplace, *Esos Bowser*

8. Full Name of Father, *White Washer*

9. Father's Occupation, *Rent lands*

10. Father's Birthplace, *Mary C. Jones*

Name of Medical Attendant, or other Person who makes this Return *No 17 W. 1st St City*

Address, *No 17 W. 1st St City*

Remarks,

The any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62496

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28th 1883
4. Place of Birth, (Street and Number) Cor. Edmont M. Eldredg St.
5. Full Name of Mother, Delia Nelson
6. Mother's Maiden Name, Enright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jasper Nelson
9. Father's Occupation, Cigar-Maker
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return Silas W. Hunter M.D.
- Address 36 Greenmount Ave.
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62491

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24 March

4. Place of Birth, (Street and Number) 54 Central ave

5. Full Name of Mother, Maggie Clements

6. Mother's Maiden Name, " Rohlader

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Clements

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rosa Ullig

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62492

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *24 of March*
 4. Place of Birth (Street and Number) *16 Sarabann Street*
 5. Full Name of Mother *Mollie Wilson*
 6. Mother's Maiden Name *Mollie Laurence*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Charles Wilson*
 9. Father's Occupation *Writer*
 10. Father's Birthplace *Fredrick Maryland*
 Name of Medical Attendant, or other Person who makes this Return. *Mary Jane Richardson*
 Address *212 Dover Street*
 Remarks *Mother and child doing well*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 12493

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth March 24 1883

4. Place of Birth, (Street and Number) 74 Mt. Street

5. Full Name of Mother Mary M. Meschard

6. Mother's Maiden Name Mary M. Engelfelt

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry M. Meschard

9. Father's Occupation Cash maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Springton Ave. 1004

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6214911

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 24, 1883

4. Place of Birth, (Street and Number)

169 S. Wolf Str

5. Full Name of Mother,

Mary Jimmormann

6. Mother's Maiden Name,

Filler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Jimmormann

9. Father's Occupation,

St. Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62495

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th of March 1883

4. Place of Birth, (Street and Number)

A. E. Gomer Broadway & Balts sts No. 288

5. Full Name of Mother,

Florence Priscilla Willis

6. Mother's Maiden Name,

Florence Priscilla Dickerson

7. Mother's Birthplace,

Lysakin, Wisconsin Co Maryland

8. Full Name of Father,

Henry Herbert Willis

9. Father's Occupation,

Ship Builder

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Willis

Address,

No 12 Patterson Park Dr

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

(8th)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 24th 1889

4. Place of Birth, (Street and Number)

206 E. Chase St.

5. Full Name of Mother,

Margaret - Paulwell

6. Mother's Maiden Name,

" Ryne

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

George Paulwell

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who
makes this Return

Regina St. Winder

Address,

186 Hanford Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62497

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 24th 1883

4. Place of Birth, (Street and Number)

203 S Broadway

5. Full Name of Mother,

Rosalie Haezel

6. Mother's Maiden Name,

" Rice

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Geo. Haezel

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

Print any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62498

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 24th of March
4. Place of Birth, (Street and Number) Dolphin St. 70
5. Full Name of Mother, Mary Mills
6. Mother's Maiden Name, Anderson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Mills
9. Father's Occupation, Conductor.
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Charlotte Goshy.
- Address, 369 Cathedral St.
- Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62499

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 24th 1883

4. Place of Birth (Street and Number) # 441 E. Eager St

5. Full Name of Mother Martha J. Bulgians

6. Mother's Maiden Name " " Shields

7. Mother's Birthplace Maryland

8. Full Name of Father Walter Bulgians

9. Father's Occupation Clerk

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Samuel J. Balch M.D.

Address # 134 N. Dexter St

Remarks City

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62510

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)....

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 27, 1883.

4. Place of Birth, (Street and Number)

436 E. Fayette St.

5. Full Name of Mother,

Iga B. Bartlett

6. Mother's Maiden Name,

Iga B. Bishop

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. Henry Bartlett

9. Father's Occupation,

Coal Dealer

10. Father's Birthplace,

Wilmington, Del.

Name of Medical Attendant, or other Person who makes this return,

J. F. Powell, M.D.
227 Carrollton Ave.

Address,

Remarks,

Child Healthy

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62501

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 March

4. Place of Birth, (Street and Number)

46 Coaches Street

5. Full Name of Mother,

Louise Weckm

6. Mother's Maiden Name,

Louise Popp

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Rudolph Weckm

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Margie Ethel

Address,

No 13 Cuba

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12502

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *March 24th 1883*
 4. Place of Birth, (Street and Number) *Harrison st.*
 5. Full Name of Mother, *Fanny Gardner*
 6. Mother's Maiden Name,
 7. Mother's Birthplace, *Europe*
 8. Full Name of Father, *Joseph Gardner*
 9. Father's Occupation, *Store-keeper*
 10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*
- Address, *113 E. Lombard st.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

625013

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth Saturday 24
4. Place of Birth (Street and Number) Baltimore Hughes St 231
5. Full Name of Mother Nat. Cy. Jolley 30 years
6. Mother's Maiden Name Frank Ky
7. Mother's Birthplace Nancy Wilson
8. Full Name of Father Williams S Jolley 40 years
9. Father's Occupation Saler
10. Father's Birthplace Cambridge
- Name of Medical Attendant, or other Person who makes this Return. armanty Wilson
- Address 214 Hughes St Baltimore
- Remarks

62504

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

48

- Remarks,

A York Street Mt.
11 S High St

The duly sworn physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62500

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

March 24th 1893

3. Date of Birth,

J. H. Haglens Court

4. Place of Birth, (Street and Number)

Winifred Kilmerway

5. Full Name of Mother,

Winifred Nash

6. Mother's Maiden Name,

Baltimore City

7. Mother's Birthplace,

Michael Kilmerway

8. Full Name of Father,

Ireland

9. Father's Occupation,

Ireland

10. Father's Birthplace,

Mrs. Eliza Hemming

Name of Medical Attendant, or other Person who makes this Return

N. 95 Allenmarle St

Address,

(City)

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62506

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race)

3. Date of Birth March 24th 1883

4. Place of Birth (Street and Number) 212 E. Pringle Street

5. Full Name of Mother Mary A. Brown

6. Mother's Maiden Name Wash

7. Mother's Birthplace Connecticut

8. Full Name of Father Thomas Jefferson Brown

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. William A. Taylor M.D.

Address 38 E. Keith Broadway

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62507

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 24 March 1883
4. Place of Birth, (Street and Number) 92 Cedar Alley
5. Full Name of Mother Mary Laws
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore City
8. Full Name of Father _____
9. Father's Occupation _____
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. Chas. Beeler M.D.
- Address 326 Lexington St. - Cal.
- Remarks Fuller Supposed to have lost child.
- Illegitimate Child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62505

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
26
1893

No. of Child of Mother, (~~state whether 1st, 2d, 3rd, etc.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

March 24th 1883

4. Place of Birth, (Street and Number)

8 N. High St. 21-

5. Full Name of Mother,

Kate Bradley

6. Mother's Maiden Name,

" Kates

7. Mother's Birthplace,

Balti

8. Full Name of Father,

Charles Bradley

9. Father's Occupation,

Shipping Clerk

10. Father's Birthplace,

Balti

Name of Medical Attendant, or other Person who makes this return.

A. B. Shepherd M.D.

Address,

11 S. High St. 21-

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12509

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st, 6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 24 of Feb

4. Place of Birth, (Street and Number)

12 155 Chesnut St

5. Full Name of Mother,

Emily Berger

6. Mother's Maiden Name,

Emily Smith Jones

7. Mother's Birthplace,

Bohsville, Pa

8. Full Name of Father,

William Smith

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Albany, N.Y.

Name of Medical Attendant, or other Person who makes this Return

Address,

No. 123, Sharpton

Remarks,

888

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAILED
26
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 24 of Feb

4. Place of Birth, (Street and Number)

107 E. Lombard St

5. Full Name of Mother,

Charles J. Gorman

6. Mother's Maiden Name,

Charles J. Gorman

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Gorman

9. Father's Occupation,

Porter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Sauer 133 W. 1st St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12.11

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 24th

4. Place of Birth, (Street and Number) no 124 Lee St

5. Full Name of Mother, Elizabeth Lenard

6. Mother's Maiden Name, Elizabeth Condy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Isaac Lenard

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Lydia Porter

Address healthy child

Remarks no 4 patps co green

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62512

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th of 13 109
6
123

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, March 24, 1883

4. Place of Birth, (Street and Number) E. Pratt St. 276

5. Full Name of Mother, Mary Ann Thompson

6. Mother's Maiden Name, Wesley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Thompson

9. Father's Occupation, Carriage Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. J. B. Russell or other Person who makes this Return

Address, 601 W. 14th St.

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62513

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name - Wade Hampton Hammett

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

Fourth
Male

White

Mar. 24th 1883

223 Dolphin

Missouri Hammett

Little

Manchester Carroll Co. Md.

James R. Hammett

Conductor N.C. & A. W.

Baltimore Md.

W. Christy M.D.

431 Penn. Ave.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62514

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *March 25*
4. Place of Birth (Street and Number) *Baltimore Maryland city No. 122*
5. Full Name of Mother *Lidia Bunch*
6. Mother's Maiden Name *Lidia Collison*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Bunch*
9. Father's Occupation *Van. Maker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs M. Shaffer*
- Address *114 Ridge St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

OVER
12515

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 1 child CLARA Virginia FORREST

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 25th 1883

4. Place of Birth, (Street and Number) William st No 289

5. Full Name of Mother, Anna (Forrest) FORREST

6. Mother's Maiden Name, Anna Hyson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charley (Forrest) FORREST

9. Father's Occupation, cane maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Anderson

Address, Bbys Street No 10

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) ... wht

3. Date of Birth, *March 25. 1883. (Sunday.)*

4. Place of Birth, (Street and Number) 323 N. Carey st.

5. Full Name of Mother, Annie Lloyd

6. Mother's Maiden Name, " Loane

7. Mother's Birthplace, Md

8. Full Name of Father, *Aquatus P. Lloyd*

9. Father's Occupation, *Atty at law*

10. *Father's Birthplace, Ind.*

Name of Medical Attendant, or other Person who makes this Return *C Lane Saxeby*

Address, 219 Madison ave

Remarks, long & tedious labor. chloroform and iodoine mounts used

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH *62517*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *25 March*

4. Place of Birth, (Street and Number) *Cross St 102*

5. Full Name of Mother, *Alida Scott*

6. Mother's Maiden Name, *Scott*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Aaron Scott*

9. Father's Occupation, *Singer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, *A. Wilson*

or other Person who
makes this Return

Address, *Cross St 368*

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

and any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1908

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

3d.

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

25th day of March

4. Place of Birth, (Street and Number)

448 Lexington St.

5. Full Name of Mother,

Mary Scholz

6. Mother's Maiden Name,

Leib

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. Henry Scholz

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dammier

Address,

No. 60 Schroeder St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, lie or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12519

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Dark complexion*
3. Date of Birth, *March 25th 1883*
4. Place of Birth, (Street and Number) *63 State Street*
5. Full Name of Mother, *Sarah Jones*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Newtown Md*
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,

1. In any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *6252A*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6 children

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

23rd March 1883

4. Place of Birth, (Street and Number)

376 Eastern Av

5. Full Name of Mother,

Sarah. Elizabeth Cunningham

6. Mother's Maiden Name,

Williamson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alexander. Cunningham

9. Father's Occupation,

Quitchtender

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who
makes this Return

Wm Wiley

Address,

1012 Patterson Park Ave

Remarks,

RETURN OF A BIRTH

12521

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advice as to the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *March 25th 1883.*
 4. Place of Birth, (Street and Number) *No. 157 Eager St.*
 5. Full Name of Mother, *Sarah A. Pally*
 6. Mother's Maiden Name, *Sarah Randall*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Richard Pally*
 9. Father's Occupation, *confectionary*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *M. A. Sutt.*
 Address, *No. 185 S. B. cor Central av. & Monument St.*
 Remarks, *All Well*

Give any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

March the 25th 1883

Lemon St No 27

Maggie Fely

Maggie Moran

Ireland

John Fely

Laborer

Ireland

Mrs S Fely

No 792 Pratt St

and any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62523

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 23rd 1883

4. Place of Birth, (Street and Number)

Baltimore Poppleton St N.E. 64

5. Full Name of Mother,

Elizabeth Gould

6. Mother's Maiden Name,

" Shreck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Gould

9. Father's Occupation,

Musical

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

No 58 Parkin St

Remarks,

62524

BALTIMORE CITY.

Third,

- Male

No. 255 S. Paca St;

Virginia Fields,

Wienberg,

Balto City.

Jennie Fields

Blacksmith,

Baths. City.

John W. Aldrich, M.D.

N.E. Gen. Columbra Ave. 9

Child in good physical condition & lively

JOHN B. PIET, PRINTER & STATIONER, BALD.

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, his or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6222

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Mch 25/83

4. Place of Birth, (Street and Number) 430 Sautoy St.

5. Full Name of Mother, Paula Smith

6. Mother's Maiden Name, Paula Goe

7. Mother's Birthplace, Mass. U.S.

8. Full Name of Father, John S. Smith

9. Father's Occupation, Carriage Trimmer

10. Father's Birthplace, Rhode Island U.S.

Name of Medical Attendant, or other Person who
makes this Return

J. E. Keller M.D.

Address,

188 Franklin

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12076

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 25 1883

4. Place of Birth, (Street and Number)

155 Chester St.

5. Full Name of Mother,

Mary Perret

6. Mother's Maiden Name,

Mary Elton

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Barney Perret

9. Father's Occupation,

laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Wm. E. Tracy

Address,

193 Chester St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4-
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 15, 1883
4. Place of Birth, (Street and Number) 95 Fort Avenue. Balt. Md.
5. Full Name of Mother, S. V. Mueller
6. Mother's Maiden Name, S. V. Cannon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Mueller
9. Father's Occupation, Tin & Sheet iron worker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Agat
- Address, 147 Johnson St. Balt. Md.
- Remarks,

MAR
27
1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

1925
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

Daisy Alma Hudson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, March 25, 1883
4. Place of Birth, (Street and Number) 81 Grace St. Balt. Md.
5. Full Name of Mother, Sarah Hudson
6. Mother's Maiden Name, Sarah Abbott.
7. Mother's Birthplace, B. Larchmont Co. Md.
8. Full Name of Father, Edwin Hudson
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return

Mrs. Nash.

Address,

107 Johnson St. Balt. Md.

Remarks,

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

62529
1895

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 25th

4. Place of Birth, (Street and Number)

S. Vincent's Infant Asylum

5. Full Name of Mother

6. Mother's Maiden Name,

Winfred Miller
Balt.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Sister of Charity

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62530

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *1st*

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

March 23rd 1883.

205. Barre St.

Emma J. Wall

Emma J. Wall

Baltimore City.

Samuel Wall

Manufacturer

Baltimore City

John J. Kitzel, M.D.

273. W. Lexington St.

27
1883

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th 4th 4th

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, March 25, 1883

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62583

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 25, 1905

4. Place of Birth, (Street and Number) 3000 E. 1st St. 121

5. Full Name of Mother, Elizabeth Brown

6. Mother's Maiden Name, Elizabeth Hallenbeck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Brown

9. Father's Occupation, Laborer

10. Father's Birthplace, Hanover, N. Brunswick, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, 3000 E. 1st St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 62503

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 25, 1893*

4. Place of Birth, (Street and Number) *17 Caroline St. 17211*

5. Full Name of Mother, *Louis Hill*

6. Mother's Maiden Name, *Louis Campbell*

7. Mother's Birthplace, *Biedenkopf, Prussia, Germany*

8. Full Name of Father, *Louis Hill*

9. Father's Occupation, *Housekeeper*

10. Father's Birthplace, *Biedenkopf, Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return *Carroll Miller*

Address, *15 S. Calver St. 17216*

Remarks, *Still born*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62134

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 25th 1883

4. Place of Birth, (Street and Number)

Smith Court Balto. City

5. Full Name of Mother,

Jennie Chambers

6. Mother's Maiden Name,

Some

7. Mother's Birthplace,

West Prussia

8. Full Name of Father,

no father

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Leas Walker

Address,

No 15. Doran Alley Balto

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. *March 27th 1883*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 20th 1883*

4. Place of Birth, (Street and Number) *257 Eastern Ave*

5. Full Name of Mother, *Federica Hofmeister*

6. Mother's Maiden Name, *Federica Cuneo*

7. Mother's Birthplace, *America*

8. Full Name of Father, *William Hofmeister*

9. Father's Occupation, *Signer Stone*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Conrad*

Address, *No. 137 S. Wolfe St.*

Remarks, *5th*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62436

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color. (if not of the white race)

White

3. Date of Birth,

Mar. 25-89

4. Place of Birth. (Street and Number)

124 N. Poppleton St

5. Full Name of Mother,

Mrs. Chas. A. Oliver

6. Mother's Maiden Name,

Annie Mulcahy

7. Mother's Birthplace,

Balbr.

8. Full Name of Father,

Chas. A. Oliver

9. Father's Occupation,

Ironing

10. Father's Birthplace,

Balbr.

Name of Medical Attendant, or other Person who makes this Return

H. F. Hill M.D.

Address,

443 Franklin St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62537

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

122
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *25th March 1883*
4. Place of Birth (Street and Number) *No 9 South Calhoun St*
5. Full Name of Mother *Mrs Elizabeth Cremer*
6. Mother's Maiden Name *" " Rutter*
7. Mother's Birthplace *City of Baltimore*
8. Full Name of Father *John F. Cremer*
9. Father's Occupation *Printer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Kraming*
- Address *Mother and Child during week 60 Paristent*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

MAR 23 1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mch 25th 1883

4. Place of Birth, (Street and Number)

Matsonite - 161 St. Lombard

5. Full Name of Mother,

Julia Berry

6. Mother's Maiden Name,

in

7. Mother's Birthplace,

Germany

8. Full Name of Father,

in

9. Father's Occupation,

in

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

W. Page M. Intest

Address,

161 St. Lombard St.

Remarks.

"Illegitimate"

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12539

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 25. 83.

4. Place of Birth, (Street and Number)

Ostons Ave No 322

5. Full Name of Mother,

Mary Weber

6. Mother's Maiden Name,

Funk

7. Mother's Birthplace,

Hessen

8. Full Name of Father,

Augustus Weber

9. Father's Occupation,

Miller

10. Father's Birthplace,

Hessen

Name of Medical Attendant, or other Person who makes this Return

Wm. J. B. Brach

Address,

St. Trappstr No 14

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62040

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25 March

4. Place of Birth, (Street and Number)

165 Second St
Spifrah Damsky

5. Full Name of Mother, ..

Spifrah Wolf

6. Mother's Maiden Name,

Russian

7. Mother's Birthplace,

Lazar Damsky

8. Full Name of Father,

Taylor

9. Father's Occupation,

Mrs Russian
Fushman

10. Father's Birthplace,

No 58 Harrison St

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. In or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

27 RETURN OF A BIRTH

12541

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Light complexion*
3. Date of Birth, *March 26th 1882*
4. Place of Birth, (Street and Number) *348 N. Howard St*
5. Full Name of Mother, *Catherine Atkinson*
6. Mother's Maiden Name, *Jackson*
7. Mother's Birthplace, *Richmond Co., Va.*
8. Full Name of Father, *William Daniel Atkinson*
9. Father's Occupation, *Writer*
10. Father's Birthplace, *Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Annalia Johnson*
- Address, *6 Hamilton St*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62542

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish white

3. Date of Birth, 16 March 1880

4. Place of Birth, (Street and Number) 78 Eden. St

5. Full Name of Mother, Mary Knuff

6. Mother's Maiden Name, " Kuber

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Henry Knuff

9. Father's Occupation, shoemaker

10. Father's Birthplace, Prussia

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. Rosa Ulbig

Address,

47 Holland St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar a foreman, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62043

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 of March 1883

4. Place of Birth, (Street and Number)

No 32 Polney St

5. Full Name of Mother,

Agge Schulz

6. Mother's Maiden Name,

Agge Rothlouse

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Schulz

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Salina Gracchala

Address,

No 108 West St

Remarks,

RETURN OF A BIRTH, 62541

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Third
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth March 26 / 1883
4. Place of Birth, (Street and Number) 99 Raborg Street Baltimore Md
5. Full Name of Mother Amanda Toomey
6. Mother's Maiden Name Booker
7. Mother's Birthplace Farmville Va
8. Full Name of Father Nathaniel Toomey
9. Father's Occupation Musician
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary E. Walker
- Address 113 Raborg St
- Remarks _____

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62545

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR
31
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh (7)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 26th*
4. Place of Birth (Street and Number) *118. Chesapeake St.*
5. Full Name of Mother *Mary Catharine Armstrong*
6. Mother's Maiden Name *" " Devlin*
7. Mother's Birthplace *Baltimore, Md*
8. Full Name of Father *Samuel S. Armstrong*
9. Father's Occupation *Coach. Painter*
10. Father's Birthplace *Baltimore, Md*
Name of Medical Attendant, or other Person who makes this return *Mrs. Johanna Devlin*
Address *118 Chesapeake St.*
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March the 21st*

4. Place of Birth, (Street and Number) *Baltimore 188th Hamburg St*

5. Full Name of Mother, *Laura Betz*

6. Mother's Maiden Name, *Laura Betz*

7. Mother's Birthplace, *Baltimore County Md*

8. Full Name of Father, *William Betz*

9. Father's Occupation, *Milk Business*

10. Father's Birthplace, *Baltimore County Md*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62547

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 March

4. Place of Birth, (Street and Number)

43 President street

5. Full Name of Mother,

Mary Massena

6. Mother's Maiden Name,

Orter

7. Mother's Birthplace,

Stila

8. Full Name of Father,

Frank Massena

9. Father's Occupation,

Boarding House

10. Father's Birthplace,

Stila

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62548

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

March 26 1883

4. Place of Birth, (Street and Number)

Eastern Avenue 19th Park

5. Full Name of Mother

Annie M. Hutchinson

6. Mother's Maiden Name

Annie M. Bradyhouse

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William C. Hutchinson

9. Father's Occupation

Seaman

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Sullen

Address

104 Curley Street Canton

Remarks

RETURN OF A BIRTH

62549

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Cotard

3. Date of Birth,

March 26 1888

4. Place of Birth, (Street and Number)

168 Mullikin st

5. Full Name of Mother,

6. Mother's Maiden Name,

Minie Williams

7. Mother's Birthplace,

Baltimore md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Lucander Woodford

Address,

130 n Register

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6255A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Coford*
3. Date of Birth, *March 26 1883*
4. Place of Birth, (Street and Number) *No 67 dover st*
5. Full Name of Mother, *Sallie Savage*
6. Mother's Maiden Name, *Sallie Smith*
7. Mother's Birthplace, *Acamack county Va*
8. Full Name of Father, *Charles Savage*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *North hampton Va*
- Name of Medical Attendant, or other Person who makes this Return *Mary ann dorsey*
- Address, *64 elrow lane*
- Remarks, *five dollars*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62551

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, March 26th. 1883
4. Place of Birth, (Street and Number) No 57 Dewberry Alley
5. Full Name of Mother, Kate Ahrens
6. Mother's Maiden Name, " Ryan
7. Mother's Birthplace, Balt.
8. Full Name of Father, John Ahrens
9. Father's Occupation, machinist
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return C. M. Neff
- Address, 300 W. 1st St. Balt.
- Remarks, _____

#62551

STATE OF MARYLAND

CITY OF BALTIMORE

to wit:

I HEREBY CERTIFY, that on this 13th. day of February, 1918, before me, the subscriber, a Notary Public, of the State of Maryland, in and for Baltimore County, personally appeared JOHN F. AHERN, and made oath in due form of law that Birth Certificate # 62551, recorded in the Bureau of Vital Statistics of Baltimore City, April 14th, 1883, is erroneously stated, that his name is John F. Ahern instead of John Ahrens, and that his birthplace is Washington, D. C. instead of Ireland.

AS WITNESS my hand and Notarial Seal.

Ethel C. Towers
Notary Public.

John F. Ahern

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 of March

4. Place of Birth, (Street and Number)

No 30 Mc. E. Leary St.

5. Full Name of Mother,

Lizzie C. Weyrauch

6. Mother's Maiden Name,

Lizzie C. Petreick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William C. Weyrauch

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Walter

Address,

125 N. Caroline St.

Remarks,

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62553

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 26th 1882

4. Place of Birth, (Street and Number)

Harriet street

5. Full Name of Mother,

Mary Ann Maria

6. Mother's Maiden Name,

Mary Preston

7. Mother's Birthplace,

Lockport, N.Y.

8. Full Name of Father,

Michael Preston

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Maggie E. E. No 13 Cedar street

Remarks,

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62554

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother, ...

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes the Return.

Address,

Remarks,

March 26 / 883

202 Orleans St

Sophia Green

" Olshinsky

Balti

John Green

Saloon North Point Road

Germany

A. Gregorich

11 S. High St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62555

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 26, 1883.

4. Place of Birth, (Street and Number) S. Central Av. 1350

5. Full Name of Mother, Elizabeth Parrish

6. Mother's Maiden Name, Elizabeth Parrish

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William J. Parrish

9. Father's Occupation, Master

10. Father's Birthplace, Port Royal, Virginia, U.S.

Name of Medical Attendant,

or other Person who makes this Return

Mary E. Miller

Address, Dallas St. 1326

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62556

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26 March 1883*

4. Place of Birth, (Street and Number) *Elliott street 175*

5. Full Name of Mother, *Lothe J Le Brun*

6. Mother's Maiden Name, *Lothe J Geer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John C Le Brun*

9. Father's Occupation, *Boiler Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Waley*

Address, *12 Patterson park ave*

Remarks, *found it dead this morning and that it strangled with film*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH *62557*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

MAR
26
1883

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 21st 1883*

4. Place of Birth, (Street and Number) *No 36 Green St*

5. Full Name of Mother, *Mrs. Mary Landman*

6. Mother's Maiden Name, *Rice*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Isaac Landman*

9. Father's Occupation, *Crover*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Dietz*

Address, *No 55 S. 1st and 2nd*

Remarks,

RETURN OF A BIRTH 12558

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

James Allen Kathe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 26th 1883

4. Place of Birth, (Street and Number)

196 E. Monument St

5. Full Name of Mother,

Ellen Jane Goethe Kathe

6. Mother's Maiden Name,

" Stevenson

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Charles Goethe Kathe

9. Father's Occupation,

Manufacturer of all kinds of Bedding

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dana Hillegeist

Address,

182 E. Monument St

Remarks,

CERTIFICATE CORRECTED 5-26-52

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62559

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th March 1883
4. Place of Birth, (Street and Number) * 12 Jackson Square Ave.
5. Full Name of Mother, Maria Jane Sanborn
6. Mother's Maiden Name, League
7. Mother's Birthplace, City
8. Full Name of Father, Fredrick William Sanborn
9. Father's Occupation, Foreman in Grain Elevator
10. Father's Birthplace, Boston Mass.
- Name of Medical Attendant, or other Person who make this Return C. Parsons M.D.
- Address, * 275 E. Balto. St.
- Remarks, _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6256A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26
4. Place of Birth, (Street and Number) East Monument extended
5. Full Name of Mother, Lina Harwood
6. Mother's Maiden Name, Himley
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hader
9. Father's Occupation, Laborer
10. Father's Birthplace, Delaware
- Name of Medical Attendant, or other Person who makes this Return, Henrietta Glascoe
- Address, 293 McEvey St
- Remarks,

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62561

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 27 83

4. Place of Birth (Street and Number)

179 Lombard

5. Full Name of Mother

Florence Council

6. Mother's Maiden Name

Florence Ware

7. Mother's Birthplace

Harrisburg Pa

8. Full Name of Father

Wm. Boardman Council

9. Father's Occupation

Architect

10. Father's Birthplace

Matthias Pa Va

Name of Medical Attendant, or other Person who makes this Return.

Al Polo

Address

No 1 North ave

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62562

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 27, 1883*
4. Place of Birth, (Street and Number) *263 W Hoffman St*
5. Full Name of Mother, *Alice M. Henderson*
6. Mother's Maiden Name, *Ashcroft*
7. Mother's Birthplace, *Scotland*
8. Full Name of Father, *J M Henderson*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Scotland*
Name of Medical Attendant, or other Person who makes this Return *Harburt Brown M.D.*
Address *88 N. Calhoun Street*
Remarks

RETURN OF A BIRTH *17563*

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *March 27th. 1883*

4. Place of Birth, (Street and Number) *No. 125 Eager St*

5. Full Name of Mother, *Mary Soden*

6. Mother's Maiden Name, *Mary Penndit.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Mrs. Soden*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return *W. A. Butt*

Address, *No. 185 S.E. cor. Central av. T. Monument St*

Remarks, *See 1166*

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12564

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) F.

2. Race or Color, (if not of the white race) W.

3. Date of Birth,

March 27th. 1883

4. Place of Birth, (Street and Number)

No. 362 N. Stricker St.

5. Full Name of Mother,

Ramsey Pitts

6. Mother's Maiden Name,

" Miller's

7. Mother's Birthplace,

Allegh. Co. Ind.

8. Full Name of Father,

Samuel J. Pitts

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who

make this Return

Address.

C. W. Med. J.
306 N. Gay St. Balt.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62565

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

27 March 1882

4. Place of Birth, (Street and Number)

287 N. Howard

5. Full Name of Mother,

Catharine Wommally Mullen

6. Mother's Maiden Name,

" " "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Felix Mullen

9. Father's Occupation,

Workman

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

C. B. Goulden

Address,

19 C. St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62566

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 27th 1883.

4. Place of Birth, (Street and Number)

No. 122 Granby St.
Margaretta Gallice

5. Full Name of Mother,

" " Vigolini

6. Mother's Maiden Name,

Italy

7. Mother's Birthplace,

Peter Gallie

8. Full Name of Father,

Bricklayer

9. Father's Occupation,

Italy

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sophia Sisson
No. 70 Granby St.

Address,

Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62567

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

27 of March

4. Place of Birth, (Street and Number)

No 41 Little Mc. Eldeny St.

5. Full Name of Mother,

Ida Bordley

6. Mother's Maiden Name,

Ida Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Bordley

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Walter

Address,

125 N. Caroline St.

Remarks,

Direct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

Marjorie Perdue Lowrey.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race).

4. Place of Birth (Street and Number)

5. Full Name of Mother

7. Mother's Birthplace

8. *Full Name of Father*

10. Father's Birthplace

Address

Remarks

(m)

257 Mad An

"That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29 1883
4. Place of Birth, (Street and Number) 534 Light-
5. Full Name of Mother, Melville Butler
6. Mother's Maiden Name, Melville Buckingham
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Butler
9. Father's Occupation, R. R. Employee
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other Person who makes this Return B. F. Phillips M.D.
- Address,
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62570

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) African
3. Date of Birth, Mch 27 - 1883
4. Place of Birth, (Street and Number) 135 Sterling
5. Full Name of Mother, Clara Thomas
6. Mother's Maiden Name, Clara Anderson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Thomas
9. Father's Occupation, Waterman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return D. W. Moyer M.D.
- Address, 170 Higginth St.
- Remarks, Labor in all respects normal

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *62571*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 24th 1883

4. Place of Birth, (Street and Number)

N. 7 Harrie Alley

5. Full Name of Mother,

Mae Miranda Sollers

6. Mother's Maiden Name,

Mrs. Miranda Norris

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Sollers

9. Father's Occupation,

Iron worker

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Rachel A. Garrett

Address,

N. 65 Burke Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62572

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *John D. Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 27/1880*
4. Place of Birth, (Street and Number) *222 Alice Ave.*
5. Full Name of Mother, *Annie O. Abel*
6. Mother's Maiden Name, *" " Windfielder*
7. Mother's Birthplace, *Pa.*
8. Full Name of Father, *John D. Abel*
9. Father's Occupation, *Wine Merchant*
10. Father's Birthplace, *Pa.*
- Name of Medical Attendant, or other Person who makes this Return *J. L. [Signature]*
- Address *111 E. Broadway*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 27th 1893

4. Place of Birth, (Street and Number)

Maternity - 161 W Lombard

5. Full Name of Mother,

Anna McIntosh

6. Mother's Maiden Name,

— — — — —

7. Mother's Birthplace,

Germany

8. Full Name of Father,

— — — — —

9. Father's Occupation,

— — — — —

10. Father's Birthplace,

— — — — —

Name of Medical Attendant, or other Person who makes this Return

H. P. M. Lintock M.D.

Address,

Maternity Hospital - 161 W Lombard St

Remarks,

Illegitimate Child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

26
1893

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 24th 1893

4. Place of Birth, (Street and Number) No 148 S. Wolf St

5. Full Name of Mother, Mrs. Minnie Allonay

6. Mother's Maiden Name, Greenbaum

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Columbus Allonay

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, No. 85. D. Bond St

Remarks,

When at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 27th 1883

4. Place of Birth, (Street and Number)

3 Clark St

5. Full Name of Mother

Ellen Sparhawk

6. Mother's Maiden Name,

" Garry

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Sparhawk

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Susan Hillegier

Address,

182 G. McPherson St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62576

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 28 Mar 1883
 4. Place of Birth, (Street and Number) Baltimore Md 486
 5. Full Name of Mother, Margie Gold
 6. Mother's Maiden Name, W. L. Gold
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Gold
 9. Father's Occupation, Miner
 10. Father's Birthplace, England in London
 Name of Medical Attendant, or other Person who makes this Return Wm. L. Gold
 Address, 10 E. Pratt St.
 Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62577

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 of March 1883

4. Place of Birth, (Street and Number) No 140 West St

5. Full Name of Mother, Lizzie Hemphert

6. Mother's Maiden Name, Lizzie Bopp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alphonse Hemphert

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Salina Trishakova

Address, No 108 West St Baltimore Md C.

Remarks, 1883

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *62578*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *28 March*

4. Place of Birth, (Street and Number) *218 B. Pratt St.*

5. Full Name of Mother, *Kittie Whiteford*

6. Mother's Maiden Name, *" Collins*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *John Whiteford*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Whig

4576 Calumet St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62579

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

91
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

March 28, 1883

4. Place of Birth (Street and Number)

191 Lawrence St. BalCo. Md.

5. Full Name of Mother

Mrs. Alexina E. Hull

6. Mother's Maiden Name

Miss Alexina E. Woods

7. Mother's Birthplace

Penn.

8. Full Name of Father

John A. Hull

9. Father's Occupation

Manufacturer

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

Wm. W. Vickerson, M.D.

Address

Arlington & Harlem Ave

Remarks

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

40

RETURN OF A BIRTH

6258a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

117

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 28/1883

4. Place of Birth, (Street and Number)

239 Canton Ave

5. Full Name of Mother,

Annie Golauer

6. Mother's Maiden Name.

Tuerstenborg

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Simon Golauer

9. Father's Occupation,

Storekeeper

10. Father's Birthplace.

Russia

Name of Medical Attendant, or other Person who makes this Return

Mrs Louisa Krass

Address,

239 Canton Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62581

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

March 28 1888

1. Sex, (state whether male or female)

C. Bay

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Baltim 102. S. Chester street

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

M. Gleditsky

6. Mother's Maiden Name,

M. Zisch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Permer Hachardgen

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Address,

Le. Thars

Remarks,

193. S. Chester st

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

12512

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... *1st*
1. Sex, (state whether male or female) ... *Male*
2. Race or Color, (if not of the white race) ... *White*
3. Date of Birth, ... *Dec 2 1883*
4. Place of Birth, (Street and Number) ... *104 ... St*
5. Full Name of Mother, ... *Anna H. Mc Gill*
6. Mother's Maiden Name, ... *Smith*
7. Mother's Birthplace, ... *Pa*
8. Full Name of Father, ... *John C. Mc Gill*
9. Father's Occupation, ... *Engineer*
10. Father's Birthplace, ... *Pa*
- Name of Medical Attendant, or other Person who makes this Return. ... *Dr. M. C. Cottell*
- Address, ... *5354 ... St*
- Remarks, ...

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62583

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 28 1883

4. Place of Birth, (Street and Number) 845 St No 5

5. Full Name of Mother, Sarah Katencamp

6. Mother's Maiden Name, Sarah Hoffman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Katencamp

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E. Anderson

Address, 845 Street No 10

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62584

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 28th 1883
No 65 St. Peter st.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Stroman
Otto

6. Mother's Maiden Name,

7. Mother's Birthplace,

America
Edward Stroman
Clerk

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schurasse midwife
330 Thimmon st.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62581

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 28th 1883

4. Place of Birth, (Street and Number)

393 Canton St

5. Full Name of Mother,

Lina Heim

6. Mother's Maiden Name,

Bush

7. Mother's Birthplace,

America

8. Full Name of Father,

George Heim

9. Father's Occupation,

Glassblower

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife
330 Hanover St

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62586

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 28th 1883

4. Place of Birth, (Street and Number)

No. 292 Hanover st

5. Full Name of Mother,

Caroline Shibeck

6. Mother's Maiden Name,

Belca

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Ignatz Shibeck

9. Father's Occupation,

Tinner

10. Father's Birthplace:

Bohemia

Name of Medical Attendant, or other Person who makes this Return

J. Schwamer midwife
330 Hanover st

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

62587

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 28th 1883
4. Place of Birth, (Street and Number) 344 Hamburg St.
5. Full Name of Mother Rozema Shailow
6. Mother's Maiden Name Ganer
7. Mother's Birthplace Balto.
8. Full Name of Father Augustus E. Shailow
9. Father's Occupation Wood Worker
10. Father's Birthplace Balto.
Name of Medical Attendant, or other Person who makes this Return. R. E. Lee
Address Harmon Barr St.
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62588

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*
1. Sex, (state whether male or female)..... *Male.*
2. Race or Color, (if not of the white race)..... *White.*
3. Date of Birth,..... *March 28th.*
4. Place of Birth, (Street and Number) *No. 569 W. Lombard st.*
5. Full Name of Mother, *Rizia Courtney,*
6. Mother's Maiden Name, *Bell.*
7. Mother's Birthplace, *Prince George Co. Md.*
8. Full Name of Father, *James Courtney,*
9. Father's Occupation, *Painter.*
10. Father's Birthplace, *Virginia.*
- Name of Medical Attendant, or other person who makes this Return. *Wm. A. L. S. D. S. M. D.*
- Address, *A. E. Co. Columbia Ave & D. Remont St.*
- Remarks, *Child in good physical condition, & living.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62589

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether male or female) _____

Male

2. Race or Color, (if not of the white race) _____

Colored

3. Date of Birth _____

Nov 22 East 1st March 1888

4. Place of Birth, (Street and Number) _____

1-82 East 1st

5. Full Name of Mother _____

Francis Richardson

6. Mother's Maiden Name _____

7. Mother's Birthplace _____

Baltimore Md

8. Full Name of Father _____

Thomas Langle

9. Father's Occupation _____

Brick Maker

10. Father's Birthplace _____

Name of Medical Attendant, or other Person who makes this Return.

Ann Clapton Clapton

Address _____

unvalley 9 near iden

Remarks _____

"That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62590

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Mo.*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *March 28th. 1883*

4. Place of Birth, (Street and Number) *No. 24 Ryan Street*

5. Full Name of Mother, *Mary Code*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Mrs. Code*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, *C. M. Tuff*
or other Person who makes this Return

Address, *300 N. Fayette Street*

Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62591

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

18th March 1883

4. Place of Birth, (Street and Number)

5 Camden Lane

5. Full Name of Mother,

Anne Ellard

6. Mother's Maiden Name,

Mc Dermott

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Frank Ellard

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Dr W. Webster

Address,

57 Barclay St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 62592

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

28th March 1883

4. Place of Birth, (Street and Number)

159 S. Charles

5. Full Name of Mother.

Kate Goodman

6. Mother's Maiden Name,

Lewyt

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Emmanuel Goodman

9. Father's Occupation,

Wine Broker

10. Father's Birthplace.

Balt

Name of Medical Attendant, or other Person who makes this Return

H. W. Metcalf

Address,

57 Bancroft

Remarks,

That any Physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR.
30.
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 28
4. Place of Birth, (Street and Number) King Street No. 33
5. Full Name of Mother, Jennie Knuss
6. Mother's Maiden Name, St. Marys County
7. Mother's Birthplace, Edw. Knuss
8. Full Name of Father, Drayman
9. Father's Occupation, St. Mary County
10. Father's Birthplace, O'Reilly White
- Name of Medical Attendant, or other Person who makes this Return, 46 King
- Address,
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62594

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 28 1883

4. Place of Birth, (Street and Number)

No 193 Beandell Street

5. Full Name of Mother,

Annie Everett

6. Mother's Maiden Name,

Annie Craig

7. Mother's Birthplace,

Eastern Shore of Md

8. Full Name of Father,

Peter Everett

9. Father's Occupation,

Market man

10. Father's Birthplace,

Balt city

Name of Medical Attendant,

or other Person who makes this Return

E. Hinton

Address,

No 634 Dr Charles Street

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62575

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR
30
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth March 28th 1883
4. Place of Birth, (Street and Number) 27 P Epton St
5. Full Name of Mother Kate E BERTH-ELL
6. Mother's Maiden Name " " Berner
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Henry Weitzell
9. Father's Occupation Clock, Hardware
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. D W Cathell M D
- Address 2 N B Broadway
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

162596

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fifth.
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 28th 1863

4. Place of Birth, (Street and Number)

322 St. Paul St.

5. Full Name of Mother.

Elizabeth Huber
Dierbeck

6. Mother's Maiden Name.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John G. Huber
Chailor

9. Father's Occupation,

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return

S. W. Seldner, M.D.

Address,

S. E. Cor. Gay & Caroline Sts.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62597

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 28th 1883

4. Place of Birth, (Street and Number)

409 W. Pratt

5. Full Name of Mother,

Mary Vohstedt

6. Mother's Maiden Name,

" Machiger

7. Mother's Birthplace,

Cassel, Germany

8. Full Name of Father,

Henry Vohstedt

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Emily Holmes

Address,

33 Penn St

Remarks,

Child still born. Dr. Kirby has
already attested to that respect.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

62598

MAR
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

March 29th 1883

4. Place of Birth (Street and Number)

61 Stockholm St.

5. Full Name of Mother

Katy Hayes

6. Mother's Maiden Name

Katy Dorsey

7. Mother's Birthplace

Baltimore City Md.

8. Full Name of Father

Thomas Hayes

9. Father's Occupation

Laborer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Lavinia Miles

Address

22 Stockholm St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

62599

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th / Eighth
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 29th 1883
4. Place of Birth (Street and Number) 285 So. Schroeder St
5. Full Name of Mother Mary McDula Tatum
6. Mother's Maiden Name Mary McDula Spatzler
7. Mother's Birthplace Baltimore Mo.
8. Full Name of Father Daniel Tatum
9. Father's Occupation Mechanic
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. J. C. Shinner "M.D."
- Address 41 St. Carey St
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62600

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 children

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27 of March 1882

4. Place of Birth, (Street and Number)

No 54 Colman St

5. Full Name of Mother,

Louis Brown

6. Mother's Maiden Name,

Louis Schmitt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Brown

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sakina Greenholt

Address,

No 125 West St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

White; Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 29 1883.

4. Place of Birth, (Street and Number)

102 E Madison St

5. Full Name of Mother,

Mary A. Kelly

6. Mother's Maiden Name,

Mary A. Hillis

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Michael Kelly

9. Father's Occupation,

Pipe Moulder.

10. Father's Birthplace,

Texas.

Name of Medical Attendant,

or other Person who
makes this Return

J. H. Robinson M.D.

Address,

2512 Commonwealth Ave.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62602

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, the 29 of March

4. Place of Birth, (Street and Number) 90 Orchard Street

5. Full Name of Mother, Sarah Davis

6. Mother's Maiden Name, Sarah Johnson

7. Mother's Birthplace, in Baltimore

8. Full Name of Father, Howell Davis

9. Father's Occupation, a Waiter

10. Father's Birthplace, in Prince's Anne

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Howell Davis Johnson
90 Orchard Street

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother if such child or children."

RETURN OF A BIRTH

62603

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 children

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 29 1883

4. Place of Birth, (Street and Number)

42 Hamsted st

5. Full Name of Mother,

Lidney Mahall

6. Mother's Maiden Name,

+

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

No 5 Forrest st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62604

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twelfth*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, *March 29th*

4. Place of Birth, (Street and Number) *4 X Alley No. 2.*

5. Full Name of Mother, *Alice Hamilton*

6. Mother's Maiden Name, *Alice Thomas*

7. Mother's Birthplace, *Chester Town*

8. Full Name of Father, *John Hamilton*

9. Father's Occupation, *Labourer, Stevedore*

10. Father's Birthplace, *Snow Hill*

Name of Medical Attendant, or other Person who makes this Return *Mary Bivens*

Address, *51 Leadenhall Street*

Remarks, *Mother and Child doing well.*

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

626018

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 24 1880

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth, March 26th 1880

4. Place of Birth, (Street and Number) Calver St. No. 180.

5. Full Name of Mother, Emma Mitchell

6. Mother's Maiden Name, Emma Rogers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Mitchell

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, 1201 Calver St. No. 180

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62606

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d Child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *march 29th*

4. Place of Birth, (Street and Number) *no 139 King St*

5. Full Name of Mother, *Sophia Barney*

6. Mother's Maiden Name, *Sophia alchone*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Barney*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Lydia Porter*

Address, *no 4 patps co avenue*

Remarks, *healthy child*

recd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
 advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
 within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
 born, its or their physical condition, whether still born or not, the full name, nativity, and residence
 of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62607

To the Office of Registrar of Vital Statistics, Board of Health.
 BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____ female
2. Race or Color (if not of the white race) _____ colored
3. Date of Birth _____ March 29
4. Place of Birth (Street and Number) _____ 225 Reabers st
5. Full Name of Mother _____ Mollie Howard
6. Mother's Maiden Name _____ Peidgley
7. Mother's Birthplace _____ Balto. Md.
8. Full Name of Father _____ John Howard
9. Father's Occupation _____ Labor.
10. Father's Birthplace _____ Baltimore
- Name of Medical Attendant, or other Person who makes this Return _____ Eliza Cornish
- Address _____ 628 Elbow Lane
- Remarks _____ the child is stillborn

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 1-31-52
RETURN OF A BIRTH.

62608

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: *Almira Wilson Mahan*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *March 29th 83*

4. Place of Birth (Street and Number) *134 E. Townsend St*

5. Full Name of Mother *Ammie P. Mahan*

6. Mother's Maiden Name *Ammie P. Brown*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *Geo Mahan*

9. Father's Occupation *clerk*

10. Father's Birthplace *Stam de Grange*

Name of Medical Attendant, or other Person who makes this Return. *Chas. W. Mahan*

Address *51 E. Calvert St*

Remarks *Baltimore*

Ind

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62609

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *March 29th 1883*

4. Place of Birth, (Street and Number) *78 N. Durham St*

5. Full Name of Mother, *Margaret Schwartzkopf*

6. Mother's Maiden Name, *Brown*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Schwartzkopf*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Betz*

Address, *120 Bank St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29. of March.*
4. Place of Birth, (Street and Number) *1512. Dumbarton St.*
5. Full Name of Mother, *Mrs. Maggie Kail*
6. Mother's Maiden Name, *Maggie Arnold*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mr. John Kail*
9. Father's Occupation, *Saddler*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Seebach*
- Address, *439. West Pratt Street*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62611

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
10
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 29th 1883.

4. Place of Birth, (Street and Number)

219 Lee St.

5. Full Name of Mother,

Ida M. Alldridge.

6. Mother's Maiden Name,

" " Zimmerman.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Albert N. Alldridge.

9. Father's Occupation,

Brakeman

10. Father's Birthplace,

Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62612

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 March

4. Place of Birth, (Street and Number) 26 High Street

5. Full Name of Mother, Lizzie Shely

6. Mother's Maiden Name, Roman

7. Mother's Birthplace, Germany

8. Full Name of Father, George Shely

9. Father's Occupation, Labourer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard Street.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62613

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 March

4. Place of Birth, (Street and Number)

8 Thomson street

5. Full Name of Mother,

Catherine Senft

6. Mother's Maiden Name,

Houch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Senft

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

"That any physician, accouchement, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 29th 1883

4. Place of Birth, (Street and Number)

26 Woodward St

5. Full Name of Mother,

Emma Quinn

6. Mother's Maiden Name,

Emma Gaidner

7. Mother's Birthplace,

Balto Md.

8. Full Name of Father,

Henry Quinn

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant,

or other Person who makes this Return

Geo R Graham M.D.

Address,

136 Columbia Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 29, 1887

4. Place of Birth, (Street and Number)

No. 23, Abbott, St.

5. Full Name of Mother,

Anna Dobry

6. Mother's Maiden Name,

Puka

7. Mother's Birthplace,

Peratic, Bohemia

8. Full Name of Father,

Rarek Dobry

9. Father's Occupation,

Schumaker

10. Father's Birthplace,

For Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address,

No. 20, Barnes St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62616

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First. (1)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 29. 1887.

4. Place of Birth, (Street and Number)

S. E. cor. ~~Broad~~ & ~~Chalmers~~,
Chaw

5. Full Name of Mother,

Barbara Vitek

6. Mother's Maiden Name,

Bursik

7. Mother's Birthplace,

Voselec, Bohemia

8. Full Name of Father,

Joseph Vitek

9. Father's Occupation,

Wailor

10. Father's Birthplace,

Kvitor Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Josephina Kondrad

Address,

No. 20, Barnes St.

Remarks,

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar at-essaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62617

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29th Day of March, 1883*
4. Place of Birth, (Street and Number) *No. 436 Cross street*
5. Full Name of Mother, *Lizzie Annie Griffin*
6. Mother's Maiden Name, *Lizzie Annae Knapp*
7. Mother's Birthplace, *Baltimore Maryland*
8. Full Name of Father, *Milton Lansdale Griffin*
9. Father's Occupation, *Upholster*
10. Father's Birthplace, *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this return *Smith. Bange.*
- Address, *Smith. Bange.*
- Remarks.

According to the respondents, it is to a great extent caused by

APR 9 1963

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

W. H. White

Brass. 29th

5-25- 'Security' etc

Emo Mary Westenberg

H. Machenheimer

Find

Dis-

Price Maker

الحمد لله

He ~~is~~ ^{will} not.

776 North Main St

4 d • DULANEY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 62619

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 29th 1883

4. Place of Birth, (Street and Number)

"Maternity Hospital" 161 N. Lombard St

5. Full Name of Mother,

May Foote

6. Mother's Maiden Name,

7. Mother's Birthplace,

Texas

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

W. Page Mcintosh M.D.

Address,

161 N. Lombard St

Remarks,

Illegitimate child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the mother's physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62620

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 March
4. Place of Birth, (Street and Number) Hubert St
5. Full Name of Mother, Emma Long
6. Mother's Maiden Name, Emma Ozmond
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Long
9. Father's Occupation, Patent Maker
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Maggie Etzel
Address, No 13 Lubin St
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62621

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 29 of of change

4. Place of Birth, (Street and Number)

No. 250 Centerol cru

5. Full Name of Mother,

Mage Schuifer

6. Mother's Maiden Name,

Mage Nigol

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John. Nigol

9. Father's Occupation,

Cutter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Cristina Laver

Remarks,

173 Harfer cru (1883)

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62622

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 31. 1883*

4. Place of Birth, (Street and Number) *No 13 W. Illinois St. Balt. Md.*

5. Full Name of Mother, *Sophia Mahaland*

6. Mother's Maiden Name, *Sophia Shagle*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Robert M. Mahaland*

9. Father's Occupation, *Malstman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes the Return *Mrs. Sachs*

Address, *107 Johnson St. Balt. Md.*

Remarks,

RETURN OF A BIRTH

62623

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31st of March

4. Place of Birth, (Street and Number)

89 N. Poppleton st

5. Full Name of Mother,

Louisa Duderow

6. Mother's Maiden Name,

Louisa Doring

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Philip S. Duderow

9. Father's Occupation,

Brick Layer

10. Father's Birthplace,

Harpersbury, Va

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dunder

Address,

No 60 Schroeder St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62624

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

March 30/83

4. Place of Birth, (Street and Number)

87 S. Duncan alley

5. Full Name of Mother,

Katherine Vogel

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

John Vogel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

William H. Mansfield M.D.

Address,

117 S. Broadway

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6262A

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 30, 1883

4. Place of Birth (Street and Number)

455 Whatcoat St

5. Full Name of Mother

Sarah Slep

6. Mother's Maiden Name

Sarah Edwards

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Joseph Slep

9. Father's Occupation

Car Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. B. Pole

Address

No 1 North ave.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62626

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 children*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *March 30 1883*

4. Place of Birth, (Street and Number) *85 Chesnut st*

5. Full Name of Mother, *Jennie Knight*

6. Mother's Maiden Name, *Jennie Brown*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Robert Knight*

9. Father's Occupation, *Stevedore*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Hannet Jackson*

Address, *No 5 Forrest st*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62627

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

- 3
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *30 of march*
4. Place of Birth, (Street and Number) *180 West street*
5. Full Name of Mother, *Alice Sprige*
6. Mother's Maiden Name, *Alice Gross*
7. Mother's Birthplace, *colvert country*
8. Full Name of Father, *William Gross*
9. Father's Occupation, *Oyster Shuck*
10. Father's Birthplace, *Charleston county*
- Name of Medical Attendant, or other Person who makes this Return *Alice Gross*
- Address, *12 plank alley*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62628

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 30th 1883

4. Place of Birth, (Street and Number)

No. 378 S. Charles St.

5. Full Name of Mother,

Mary Peyer
Carl.

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

Michael Peyer
Glassblower

9. Father's Occupation,

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schpasser midwife
330 Hanover St

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62629

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 11th child

1. Sex. (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

31st March

4. Place of Birth, (Street and Number)

10 Mulberry St.

5. Full Name of Mother.

Margaret Jockel

6. Mother's Maiden Name,

Margaret Ruhn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alexander Jockel

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. J. J. J. J.

Address,

45 Monroe St.

Remarks,

RETURN OF A BIRTH

6263A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

3th

1. Sex, (state whether male or female)

1 Boy

APR
5
1883

2. Race or Color, (if not of the white race)

3. Date of Birth,

30th March

4. Place of Birth, (Street and Number)

823 N. Baltimore Street

5. Full Name of Mother,

Elizabeth Kline

6. Mother's Maiden Name,

Elizabeth Kline

7. Mother's Birthplace,

Rotenburg Germany

8. Full Name of Father,

Joseph Kline

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Wartshalem Germany

Name of Medical Attendant, or other Person who makes this Return

Samuel Midwife

Address,

823 N. Baltimore Street

Remarks,

S. M. Leonard & son

702 W. Baltimore St

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 63631

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth March 30/83
4. Place of Birth, (Street and Number) 139 Baltimore St.
5. Full Name of Mother Edith May Stuart
6. Mother's Maiden Name Eastman
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Guy B. Stuart
9. Father's Occupation Salesman
10. Father's Birthplace Pittsburg, Pa.
- Name of Medical Attendant, or other Person who makes this return. H. R. Fietzschoff, M.D.
- Address 205 W. Biddle St.
- Remarks Past Parturition Convulsions,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62632

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 31st

4. Place of Birth, (Street and Number)

No 320 Lombard St

5. Full Name of Mother,

Mattha Schaefer

6. Mother's Maiden Name,

Lins

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Schaefer

9. Father's Occupation,

Patron

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr H Lindner

Address,

Cross Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62633

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian Race

3. Date of Birth,

March 30 1883

4. Place of Birth, (Street and Number)

16 Derwings Court

5. Full Name of Mother,

Mary Weatherly

6. Mother's Maiden Name,

Mary Young

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

Frank Weatherly

9. Father's Occupation,

Steamfitter

10. Father's Birthplace,

Somerset County

Name of Medical Attendant, or other Person who makes this Return

Lucinda Wolford

Address,

105 Regester St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fifth
Female

APR
3
1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 31 1883

4. Place of Birth, (Street and Number)

96. St. Peter St.

5. Full Name of Mother,

Henrietta Dietlein

6. Mother's Maiden Name,

Frisk

7. Mother's Birthplace,

Bavaria

8. Full Name of Father,

Charles Dietlein

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Mary Knob

Address,

328 South Euterpe St.

Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *6263A*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2nd)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 31st 1883

4. Place of Birth, (Street and Number)

232 E. Chase St.

5. Full Name of Mother.

Emma Schrufer

6. Mother's Maiden Name.

" Swain

7. Mother's Birthplace,

Alexandria Va.

8. Full Name of Father.

John W. Schrufer

9. Father's Occupation,

Salaman

10. Father's Birthplace.

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Regina A. Winters

Address,

186 Harford St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62636

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

(over)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex, (state whether male or female) *(Male)*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *August 31st. 1883*
 4. Place of Birth, (Street and Number) *No. 177 N. Central av. & Monument St.*
 5. Full Name of Mother *Margrita Raffold*
 6. Mother's Maiden Name, *Margrita Beck*
 7. Mother's Birthplace, *Pittsmead*
 8. Full Name of Father, *John Raffold*
 9. Father's Occupation, *Baker*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *M. A. Butt*
 Address, *No. 185 S.E. cor. Central av. & Monument St.*
 Remarks, *All Well*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62637

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *March 30 1883*

4. Place of Birth, (Street and Number) *No 74 new Byrd Street*

5. Full Name of Mother, *Laura Carroll*

6. Mother's Maiden Name, *Laura Cramer*

7. Mother's Birthplace, *Balt city md*

8. Full Name of Father, *Albert E Carroll*

9. Father's Occupation, *Fireman on B. & O. R.R.*

10. Father's Birthplace, *Lisbon Howard Co md*

Name of Medical Attendant, or other Person who makes this Return *E. Hinton*

Address, *No 634 South Charles street*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62638

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 2nd

APR
1883

1. Sex, (state whether male or female) ... Male

2. Race or Color, (if not of the white race) ... white

3. Date of Birth, ... March 30 1883

4. Place of Birth, (Street and Number) ... 406 Greenvalle St

5. Full Name of Mother, ... Lallie Burdick

6. Mother's Maiden Name, ... Lallie Hix

7. Mother's Birthplace, ... Baltimore

8. Full Name of Father, ... William Burdick

9. Father's Occupation, ... office in Court

10. Father's Birthplace, ... Baltimore

Name of Medical Attendant, or other Person who makes this Return ... Mrs G Hunszick

Address, ... 345 Pennant

Remarks, ...

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62640

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 30th 1883
No 746 Hanover st.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

Annie Droege
Williams

6. Mother's Maiden Name,

7. Mother's Birthplace,

America
Theodor Droege

8. Full Name of Father,

9. Father's Occupation,

Cigar-maker
America

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J. Schwaiger and wife
330 Hanover st.

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63641

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *March 30th 1883*
4. Place of Birth (Street and Number) *Stockton St No 1*
5. Full Name of Mother *Mary E. E. Sides*
6. Mother's Maiden Name *Mary E. E. Floyd*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *James Sides*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Cartersville Ga*
- Name of Medical Attendant, or other Person who makes this Return. *W. H. Hoffman*
- Address *343 N. Lombard St*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62642

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *30th of March*
4. Place of Birth, (Street and Number) *714 Hancock St*
5. Full Name of Mother, *Louisa Catherine Gerbrich*
6. Mother's Maiden Name, *Louisa Catherine Gentry*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Samuel Gerbrich*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Conway*
- Address, *1318 Guttery Avenue*
- Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62643

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

nine

178
123

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

March 30 1883

4. Place of Birth, (Street and Number)

95 Hurley street

5. Full Name of Mother.

Eliza J. Goodwin

6. Mother's Maiden Name.

Eliza J. Bamber

7. Mother's Birthplace.

Balt. County

8. Full Name of Father.

James Goodwin

9. Father's Occupation.

Engineer

10. Father's Birthplace.

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Gullens

Address,

104 Hurley street contd

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

62644

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 30th 1883.
4. Place of Birth (Street and Number) 34 S. Guilmore
5. Full Name of Mother Genevieve Gordon
6. Mother's Maiden Name " G. Hartman
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Alonzo M. G. Gordon
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return J. S. Smithwick, M.D.
Address 584 W. Fayette St.
Remarks

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62645

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4th
1. Sex, (state whether male or female) ... male
2. Race or Color, (if not of the white race) ... white
3. Date of Birth, ... March 30th 1883
4. Place of Birth, (Street and Number) ... Co Mount & Baker sts
5. Full Name of Mother, ... Eliza Jane Hall
6. Mother's Maiden Name, ... Titus
7. Mother's Birthplace, ... Vermont
8. Full Name of Father, ... Frank W. Hall
9. Father's Occupation, ... Book keeper
10. Father's Birthplace, ... Mass.
Name of Medical Attendant, or other Person who makes the Return ... J. Stanley Hill M.D.
Address, ... 119 Edmondson Ave
Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62646

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 30 - 1883

4. Place of Birth, (Street and Number)

No. 515 E Monument St.

5. Full Name of Mother,

Mary Lochel

6. Mother's Maiden Name,

Mary Maer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Franz Lochel

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary A. McAllister

Address, 286 Mc Donough st

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62647

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *March 30th 1883*

4. Place of Birth (Street and Number) *35. Low St*

5. Full Name of Mother *Katherine E. Lynch*

6. Mother's Maiden Name *Birth*

7. Mother's Birthplace *Maryland*

8. Full Name of Father *John R. Lee Lynch*

9. Father's Occupation *Plasterer*

10. Father's Birthplace *Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Samuel J. Bell M.D.*

Address *1312 E. Eyster St*

Remarks *City*

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62648

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

30 March

4. Place of Birth, (Street and Number)

61 Harrison St

5. Full Name of Mother,

Chaiah Leah Lewitsky

6. Mother's Maiden Name,

Chaiah Leah Delgort

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Abbey Lewitsky

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Mr. Jushman

Address,

No 55 Harrison St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 31 - 83

4. Place of Birth, (Street and Number)

No 239 N Bond St

5. Full Name of Mother,

Alice C Whitaker

6. Mother's Maiden Name,

" " Hanson

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Howard Whitaker

9. Father's Occupation,

Car Inspector

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Harry A Almond

Address, 236 Mc Donough St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62650

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

APR 2 1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Feb 31st 1883

4. Place of Birth, (Street and Number)

Maternity Hospital - 161 N. Lombard St.

5. Full Name of Mother,

Lizzie Dixon

6. Mother's Maiden Name,

— — — — —

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

— — — — —

9. Father's Occupation,

— — — — —

10. Father's Birthplace,

— — — — —

Name of Medical Attendant, or other Person who make this Return

W. Page McIntosh M.D.

Address, 161 Lombard St.

Remarks, "Illegitimate"

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62651

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *March 31st*
4. Place of Birth, (Street and Number) *No 25 Ramsay St*
5. Full Name of Mother, *Mary Brunning*
6. Mother's Maiden Name, *Mary Lang*
7. Mother's Birthplace, *Frankford Germany*
8. Full Name of Father, *George Brunning*
9. Father's Occupation, *Boys Maker*
10. Father's Birthplace, *Bremen Germany*
- Name of Medical Attendant, or other Person who makes this Return *Riff Muef*
- Address, *1 Loozaufer St*
- Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62652

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) 2 Males

2. Race or Color, (if not of the white race) White

3. Date of Birth, March the 31 1887

4. Place of Birth, (Street and Number) Brimmy St No 35-3

5. Full Name of Mother, Abnerday Soper

6. Mother's Maiden Name, Abnerday Jeffereys

7. Mother's Birthplace, Baltimore E. C.

8. Full Name of Father, Charles E. Soper

9. Father's Occupation, Miller

10. Father's Birthplace, Howard E. C.

Name of Medical Attendant, or other Person who makes this Return Mrs. S. Pollen

Address, No 795 Pratt St

Remarks,

APR
2
1888

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62653

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 30th 1883.*

4. Place of Birth, (Street and Number) *No 21. N of O St.*

5. Full Name of Mother. *Barbara Kergemother*

6. Mother's Maiden Name, *Barbara Kell*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Kergemother*

9. Father's Occupation, *Gardner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *M. A. Smith*

Address, *No. 185. E. E. cor Central av. & Monument St.*

Remarks, *All Well*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

62654

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male

Colored

Batts Mod.
March. 31. 1888

Susie Pettis
Hall

Batts Mod.
Emery Pettis
Labor.

Batts Mod.

Eliza Cornish
68 Elbow Lane

The Child is still alive

EXTRACT REGULATIONS OF THE BOARD OF HEALTH TO SECURE A FULL AND CORRECT
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

626.58

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 62
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White, free
3. Date of Birth March 31st 1883
4. Place of Birth, (Street and Number) No 12, Barney St.
5. Full Name of Mother Juliana Myer
6. Mother's Maiden Name Schuman
7. Mother's Birthplace Balto. md.
8. Full Name of Father Ferdinand H. Myer
9. Father's Occupation Labourer
10. Father's Birthplace Balto. md.
- Name of Medical Attendant, or other Person who makes this return. Anna. Egert
- Address 634 Light St
- Remarks _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62656

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Name: *Percy B. Bell*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2-d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

March 31st

4. Place of Birth, (Street and Number)

No 112 West St

5. Full Name of Mother,

Hessie Bell

6. Mother's Maiden Name,

" Bromfield

7. Mother's Birthplace,

Orchester County

8. Full Name of Father,

William A. Bell

9. Father's Occupation,

Fireman

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

J. C. Smith M. D.

Address,

151 Hammond

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62657

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth March 31st 1883
4. Place of Birth, (Street and Number) 8 Hamilton St.
5. Full Name of Mother Mrs Chas. A. Stewart.
6. Mother's Maiden Name Fannie Newman
7. Mother's Birthplace Gordonsville - Va.
8. Full Name of Father Chas. A. Stewart.
9. Father's Occupation Workman (man of all work.)
10. Father's Birthplace Harford Co. - Md.
- Name of Medical Attendant, or other Person who makes this Return. Robt. S. Wilson - M. D.
- Address #146 Park Ave
- Remarks Labor very easy.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

62658

Ann.
G.
11-3

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return......

Address,.....

Remarks,.....

Extract Regulations of the Board of Health to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.
1. Sex (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth March 31st 1893.
4. Place of Birth, (Street and Number) 654 Light St.
5. Full Name of Mother Pickney Schumm.
6. Mother's Maiden Name Mrs. Adad.
7. Mother's Birthplace Baltic Md.
8. Full Name of Father Levi Schumm.
9. Father's Occupation Label Man.
10. Father's Birthplace Baltic Md.
- Name of Medical Attendant, or other Person who makes this Return. Marie G. Goss
- Address 634 Light St.
- Remarks _____

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6266A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st -
1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, March 31, 1893.
4. Place of Birth, (Street and Number) 69 & Eden St.
5. Full Name of Mother, Schina Robison.
6. Mother's Maiden Name, Schina Hackerman.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Gerson Robison.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Russia.
Name of Medical Attendant, or other Person who makes this Return Dr Morgan.
Address, 119 N. Monument St.
Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics Board of Health,

BALTIMORE CITY.

GIVEN NAME ADDED 2-19-53 Name: Laura M. Disney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 31, 1883.

4. Place of Birth, (Street and Number) 17 South Carrollton St

5. Full Name of Mother, Leana V Disney

6. Mother's Maiden Name, Leana V Goodrich

7. Mother's Birthplace, St Marys Co Md

8. Full Name of Father, Joseph A. Disney

9. Father's Occupation, Horelster

10. Father's Birthplace, A. A. Co Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dummer

Address, 60 North Schroeder St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore. That any physician, accoucheur, midwife, or other person in charge, who shall attend, shall advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or her, his or their physical condition, whether still-born or not, the full name, and of the parents, and the maiden name of the mother of such child or children.

Missing

6 2 6 6 2

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Extract Regulations of the Board of Health to secure a full and correct
Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH, 12262

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3rd, &c.) _____
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) W _____
3. Date of Birth April 1 1883 _____
4. Place of Birth, (Street and Number) 357 Park Avenue _____
Full Name of Mother Lily Ann _____
Mother's Maiden Name Lily Briggs _____
5. Mother's Birthplace Baltimore _____
6. Full Name of Father John J. Allen _____
7. Father's Occupation Bookkeeper _____
8. Father's Birthplace Balt _____
- Name of Medical Attendant, or other Person who makes this Return. J. H. Pattison M.D. _____
Address 25 Franklin _____
Remarks _____

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *1st of April*
4. Place of Birth, (Street and Number) *66 Dolphin St*
5. Full Name of Mother, *Elizabeth Brown*
6. Mother's Maiden Name, *Barnett*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Samuel Brown*
9. Father's Occupation, *Shoe Cutter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Charles H. Crosby*
- Address, *369 Cathedral St*
- Remarks, _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62661

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th child.*

1. Sex, (state whether male or female) *Boy.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *1st of April, 1883.*

4. Place of Birth, (Street and Number) *19 North Cassel street.*

5. Full Name of Mother, *Mary Neustein*

6. Mother's Maiden Name, *Mary Kagenrader*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *August John Kagenrader.*

9. Father's Occupation, *Tailor.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return *Prescilia Kunkel.*

Address, *11 North Chappel st. per Justina Kunkel*

Remarks, *Healthy.*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62666

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Female

Colored

Apr 12th 1883

45 Livingston St

Signature

Thos J Ward
127 St Paul St

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62667

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Mulatt.

3. Date of Birth,

April 1st 1883

4. Place of Birth, (Street and Number)

No 8 New Church St

5. Full Name of Mother,

Hester Atkinson

6. Mother's Maiden Name,

Hester Wilson

7. Mother's Birthplace,

City

8. Full Name of Father,

John Atkinson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

A. M. 130th St. D.

Address,

210 N Howard St

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR
7
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 1, 1883

4. Place of Birth, (Street and Number)

530 Madison Aven.

5. Full Name of Mother,

Florence Straus

6. Mother's Maiden Name,

Florence Rayner

7. Mother's Birthplace,

City of Straus

8. Full Name of Father,

Joseph Straus

9. Father's Occupation,

grocer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

1 A. R. Tucker M.D.

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63669

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

12 April

No 10 St. Green St

Mary E. Vaneiff

Welder

Balt

Otto J. Vaneiff

Signor Dealer

Balt

Mrs A. Lindner

Ch 45 S. Monro St

APR
6
1883

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

62670.

APR 20 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) W

3. Date of Birth April 1st 83

4. Place of Birth (Street and Number) 247 E. Lomb St

5. Full Name of Mother Mary East Schenck

6. Mother's Maiden Name Schenck

7. Mother's Birthplace Germany

8. Full Name of Father John East

9. Father's Occupation Labourer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. S. R. Bixton, M.D.

Address 51 Broadway

Remarks _____

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62671

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th child

APR 1902

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 8th 1, 1895

4. Place of Birth, (Street and Number)

Camden St. No. 62

5. Full Name of Mother,

Maria Hranoske

6. Mother's Maiden Name,

Maria Hoping

7. Mother's Birthplace,

Hoppe, in Prussia Germany

8. Full Name of Father,

Werner Hranoske

9. Father's Occupation,

Wine Dealer

10. Father's Birthplace,

Brahnhausen in Prussia Germany

Name of Medical Attendant,

or other Person who makes this Return

May E. Himm

Address,

1. Camden St. No. 62

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 1st 1883.

4. Place of Birth, (Street and Number)

No 48. Abbott St.

5. Full Name of Mother,

Joseph Rada

6. Mother's Maiden Name,

Vondraček

7. Mother's Birthplace,

Rykovice, Bohemia

8. Full Name of Father,

Václav Rada

9. Father's Occupation,

Labor

10. Father's Birthplace,

Misliv, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Josephina Komad

Address,

No 20 Barnes St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62673

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9* *Lebur*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 1 April* *1883*
4. Place of Birth (Street and Number) *S Bond St. No. 324*
5. Full Name of Mother *Josafina Grimm*
6. Mother's Maiden Name *Josafina Fork*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Jasam Fork*
9. Father's Occupation *Shipwright*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Jasam*
- Address *Lizzie Fork S Bond St. No. 324*
- Remarks *Baltimore Jan 10 April 1883*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

APR
9
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

April 1st 1883
1657 King Street

4. Place of Birth (Street and Number)

5. Full Name of Mother

Ella Lehi

6. Mother's Maiden Name

7. Mother's Birthplace

Baltimore County
unknown

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

No. Sarah Jones
134 York Street

Address

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *April 1st 1883*
4. Place of Birth (Street and Number) *292 Franklin Street.*
5. Full Name of Mother *Amanda Hoff*
6. Mother's Maiden Name *Amanda Evans*
7. Mother's Birthplace *Finksburg Md.*
8. Full Name of Father *Ans Lewis Hoff*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Baltimore City.*
Name of Medical Attendant, or other Person who makes this Return. *A. T. Bell Md*
Address *234 Madison Avenue*
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62676

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Monday April 2nd 1883

4. Place of Birth, (Street and Number)

54 Greenmount Ave

5. Full Name of Mother,

Martha Coggins

6. Mother's Maiden Name,

Martha Price

7. Mother's Birthplace,

Westminster Co. Md

8. Full Name of Father,

John Coggins

9. Father's Occupation,

Hay Dealer

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

Wm. Brinton, M.D.

Address,

20 1/2 Greenmount Ave

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62677

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 2 1883

4. Place of Birth, (Street and Number) 111 N. Eutan St.

5. Full Name of Mother, Mabelda King

6. Mother's Maiden Name, Mabelda Shaffer

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph M. King

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. E. Keller M.D.

Address, 188 Franklin

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 2^d 1883

4. Place of Birth, (Street and Number)

No 78 Boston St

5. Full Name of Mother

Ida Elger

6. Mother's Maiden Name,

" Turner

7. Mother's Birthplace,

City

8. Full Name of Father,

John Elger

9. Father's Occupation,

Tobaccoist

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Fetz

Address,

120 Bank St

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62679

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 2nd.*

4. Place of Birth, (Street and Number) *No. 58 Harrison Street Baltimore*

5. Full Name of Mother, *Margaret C. St. Leger*

6. Mother's Maiden Name, *Margaret C. Mc. Gowan*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James St. Leger*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. L. Leman*

Address *No. 30 Frederick Ave. Baltimore*

Remarks *Healthy child*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62680

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY
11
1923

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

20

1. Sex (state whether male or female)

girl child

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth

2nd April

4. Place of Birth, (Street and Number)

Main St. 124

5. Full Name of Mother

Hester Beech

6. Mother's Maiden Name

Hester Beech

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Lester Beech

9. Father's Occupation

Carpenter

10. Father's Birthplace

Easton Mass

Name of Medical Attendant, or other Person who makes this Return.

Harriet Britton Bell

Address

1100 B Street

Remarks

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62681

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *3 April*

4. Place of Birth, (Street and Number) *267 Cross Street*

5. Full Name of Mother, *Lizzie Benner*

6. Mother's Maiden Name, *Lizzie Cunk*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *William Benner*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. May*

Address, *1 Snowden St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62682

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 2nd 1885
No 248 Light St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Rachel Stern

6. Mother's Maiden Name,

Reing.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

May Stern

9. Father's Occupation,

Store keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schickler midwife
330 Hanover St

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62653

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *April 2nd 1883*

4. Place of Birth, (Street and Number) *Baltimore City*

5. Full Name of Mother, *Della Snow*

6. Mother's Maiden Name, *Virginia*

7. Mother's Birthplace, *Laguardia, I. Smith*

8. Full Name of Father, *Charles*

9. Father's Occupation, *Baltimore*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Charlotte Goldborough*

Address, *89 Morse Alley*

Remarks,

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62684

To the Office of Registrar of Vital Statistics, Board of Health.
 BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 2 - 1893
4. Place of Birth (Street and Number)	632: Saratoga
5. Full Name of Mother	Amelia Mayen
6. Mother's Maiden Name	Amelia Brade
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Herman Mayen
9. Father's Occupation	Saloon Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	B. E. Phillips M.D.
Address	327 W. Lombard St.
Remarks	

6568A

A. R.

4673

"That any physician, seconchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

- Wm. J. O'Sullivan & Co., City Printers and Stationers

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62686

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 2^d

4. Place of Birth, (Street and Number)

218. Franklin St.

5. Full Name of Mother,

Joseph Elizabeth Brown

6. Mother's Maiden Name,

Joseph Elizabeth Schwing

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. J. Brown

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

The Doctor

Address,

218. Franklin St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62687

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether ~~male~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 2, 1883

4. Place of Birth, (Street and Number) E. Madison St. 19412.

5. Full Name of Mother, Katharine Tolmann

6. Mother's Maiden Name, Katharine Schmidt

7. Mother's Birthplace, Balt^o City

8. Full Name of Father, Louis Tolmann

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt^o City

Name of Medical Attendant, or other Person who makes this Return

Address, 1825 N. St. 19412

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

63685

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) _____
 2. Race or Color, (if not of the white race) W
 3. Date of Birth July 24 1883
 4. Place of Birth, (Street and Number) 140 Hoffman St
 5. Full Name of Mother Catherine Burge
 6. Mother's Maiden Name Cata Motine
 7. Mother's Birthplace Balto
 8. Full Name of Father John P. Burge
 9. Father's Occupation Clerk
 10. Father's Birthplace Balto
- Name of Medical Attendant, or other person who makes this return. L. H. Patterson M.D.
- Address 28 Franklin St.
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62689

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 2^d 1883

4. Place of Birth, (Street and Number)

Maternity Hospital - 161 N. Lombard St.

5. Full Name of Mother,

Katie Parks

6. Mother's Maiden Name,

Katie Parks

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

—

Name of Medical Attendant, or other Person who makes this Return

H. Page, M.D.

Address,

161 N. Lombard St. - Maternity Hospital

Remarks,

"Illegitimate"

RETURN OF A BIRTH

62690

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth.

2nd of April 1883

4. Place of Birth, (Street and Number)

270 Bank St.

5. Full Name of Mother.

Rachel Shaherty

6. Mother's Maiden Name.

Meinzer

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Michael Shlaherty

9. Father's Occupation.

Ship Carpenter

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Miss Wiley

Address,

No. 12 Patterson Park

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RECORDS OF VITAL STATISTICS OF THE CITY OF BALTIMORE

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62691

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 2nd 1883,

4. Place of Birth, (Street and Number)

No 215, 21st Bond, Str.

5. Full Name of Mother,

Christina Lima

6. Mother's Maiden Name,

Felker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Anton Lima

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Krivan Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Josephina Kennad

Address,

No 20 Barnes Str.

Remarks,

RETURN OF A BIRTH 62692

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *April 2nd*

4. Place of Birth, (Street and Number) *271 Preston st*

5. Full Name of Mother, *Rosa Lumberg*

6. Mother's Maiden Name, *Rosa Pratt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Thomas Lumberg*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Anna Johnson*

Address, *94 Tyson st*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12692

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2 April 1883

4. Place of Birth, (Street and Number)

Balti Chapel St No 47

5. Full Name of Mother,

Barbara Martinek

6. Mother's Maiden Name,

Barr. Britina

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Vincent Martinek

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Kopitsch

Address,

69 N. Washington St

Remarks,

Mary Kopitsch

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62694

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
10
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 child

1. Sex, (state whether male or female)

female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 2d.

4. Place of Birth, (Street and Number)

No 2 Etna Lane

5. Full Name of Mother.

Catherine Schaugh

6. Mother's Maiden Name.

Catherine Beil

7. Mother's Birthplace,

Bavaria Bedeldorf.

8. Full Name of Father,

Anton Schaugh

9. Father's Occupation,

Plasterer

10. Father's Birthplace,

Bavaria Naisw.

Name of Medical Attendant, or other Person who makes this Return

Leopold Aug. Haberman

Address,

1228 N. Trinitatis

Remarks,

RETURN OF A BIRTH 62695

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 April
4. Place of Birth, (Street and Number) 702 E. Eastern Avenue.
5. Full Name of Mother, Katie Tony
6. Mother's Maiden Name, Monda
7. Mother's Birthplace, Stila
8. Full Name of Father, George Tony
9. Father's Occupation, Musician
10. Father's Birthplace, Stila
Name of Medical Attendant, or other Person who makes this Return Sarah Casper
Address, 72 E. Lombard street.
Remarks,

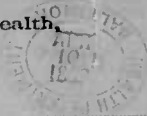
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, entirely, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62696

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. girls.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 21 1883

4. Place of Birth, (Street and Number)

Balti. Burgundy St. 2.10.

5. Full Name of Mother,

Rosie Ann Kelly

6. Mother's Maiden Name,

Rosie Ann Duke

7. Mother's Birthplace,

Texas, Balt. Co. M.D.

8. Full Name of Father,

Wm. J. Kelly

9. Father's Occupation,

Artist

10. Father's Birthplace,

Baltimore, Co. M.D.

Name of Medical Attendant, or other Person who makes this Return

Smith Range

Address

Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62697

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 2 1893
4. Place of Birth, (Street and Number) 52 Centre Street
5. Full Name of Mother Annie E. ~~Smith~~ Smith
6. Mother's Maiden Name Annie E. ~~Smith~~ Benson
7. Mother's Birthplace Baltimore City
8. Full Name of Father George E. Smith
9. Father's Occupation Minister
10. Father's Birthplace Commonwealth of Massachusetts
- Name of Medical Attendant, or other Person who makes this Return. Mary Ann ~~Smith~~ 1893
- Address Collington Avenue
- Remarks _____

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62698

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 2^d 1883
4. Place of Birth, (Street and Number) No 25 Bath St
5. Full Name of Mother, Sarah Hawkins
6. Mother's Maiden Name, Sarah Young
7. Mother's Birthplace, Prince George's Co Md
8. Full Name of Father, William Hawkins
9. Father's Occupation, cooking
10. Father's Birthplace, Colver County Md
- Name of Medical Attendant, or other Person who makes this Return, Sallie Young
- Address, No 74 Foster St
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62699

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 3 1883

4. Place of Birth, (Street and Number)

231 S. Bond St

5. Full Name of Mother.

Lustee Greenwood

6. Mother's Maiden Name,

Heming

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Benjamin Greenwood

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Craft

Address,

236 Canton Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62700

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

April 3, '83.

4. Place of Birth, (Street and Number)

51 S. Chestnut

5. Full Name of Mother,

Marg. Taylor

6. Mother's Maiden Name,

McLaughlin

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Wm B. Taylor

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Virginia.

Name of Medical Attendant, or other Person who makes this Return

George A. Robt. M.D.

Address,

95 Park Ave.

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, patently, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 62701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex, (state whether male or female).... *Male,*
2. Race or Color, (if not of the white race)
3. Date of Birth, *3rd April 1883*
4. Place of Birth, (Street and Number) *46 S. Eden St.*
5. Full Name of Mother, *Martha N. Dyth*
6. Mother's Maiden Name, *Frank*
7. Mother's Birthplace, *St. Michaels, Talbot Co. Md.*
8. Full Name of Father, *James A. Dyth*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *St. Michaels, Talbot Co. Md.*
Name of Medical Attendant, *L. G. Kirk M.D.* or other Person who makes this Return.
Address, *292 E. Balt. St.*
Remarks, *Natural*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62702

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 2, 1883*
4. Place of Birth, (Street and Number) *227 Dolphin St.*
5. Full Name of Mother, *Fanny Grabe*
6. Mother's Maiden Name, *Shivas*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Henry Grabe*
9. Father's Occupation, *Mechanic*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Martins, Peter M.D.*
- Address. *68 W. Calvert St.*
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62703

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3rd. of April

4. Place of Birth, (Street and Number)

254 N. Dallas St.

5. Full Name of Mother...

Mary A. Planholt.

6. Mother's Maiden Name,

Mary A. Ruechour

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Planholt

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mary Walter

Address,

125 N. Caroline St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62704

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

30 April

1888

4. Place of Birth, (Street and Number)

No 646 Hancock Street

5. Full Name of Mother,

Laura Phoebe

6. Mother's Maiden Name,

Laura Sheldon

7. Mother's Birthplace,

Baltimore and

8. Full Name of Father,

John Phoebe

9. Father's Occupation,

Laborer

10. Father's Birthplace,

West Virginia

Name of Medical Attendant,

or other Person who makes this Return

Elizabeth Hester

Address,

126 634 South Charles Street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- 19705*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *April 3rd, 1883*
4. Place of Birth, (Street and Number) *No. 139 N. Duchane St*
5. Full Name of Mother, *Mrs. Alice Stewart*
6. Mother's Maiden Name, *Miss Alice Brownwell*
7. Mother's Birthplace, *Anne Arundel Co. Md.*
8. Full Name of Father, *Mr. Thomas Stewart*
9. Father's Occupation, *Master*
10. Father's Birthplace, *Harford County, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. H. Fleckner M.D.*
- Address, *No. 1012 N. Broadway*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62706

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 2nd 1883

4. Place of Birth, (Street and Number)

57 W. 4th

5. Full Name of Mother

Jacob C. Jacob

6. Mother's Maiden Name

" Jacob

7. Mother's Birthplace

Roughly 1860 W.C.

8. Full Name of Father

C. V. Jacob

9. Father's Occupation

Carpenter

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return

Sheldon Cooke M.D.

Address

146 Hanover St.

Remarks

Apr 13

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62707

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3: 83
4. Place of Birth, (Street and Number) 282 N. Calvert st
5. Full Name of Mother, Minnie Reese
6. Mother's Maiden Name, " Adams
7. Mother's Birthplace, Bordentown N. J.
8. Full Name of Father, Edwin Reese
9. Father's Occupation, Gen. Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Dr. Williams
or other Person who makes this Return
- Address, 201 Madison Ave
- Remarks, _____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62708

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether ~~Male~~ or ~~Female~~)

male

2. Race or Color (if not of the white race)

3. Date of Birth

April 3d

4. Place of Birth (Street and Number)

Clara 56 Conway

5. Full Name of Mother

6. Mother's Maiden Name

Reese

7. Mother's Birthplace

8. Full Name of Father

William (Deutsch) Bath

9. Father's Occupation

Printer

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Pittoraweb 3 M.G.
131 W. Fayette St

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62709

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 3rd 1883

4. Place of Birth, (Street and Number)

385 W Pratt

5. Full Name of Mother,

Fredericka Hoff

6. Mother's Maiden Name,

Reitel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Simon Hoff

9. Father's Occupation,

Shoe-fitter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Emily Holmes

Address,

33 Penn St

Remarks,

Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-28-52

62710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Henry Gover Bockmiller

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 3^d 1888

4. Place of Birth (Street and Number) Lexington St No. 378

5. Full Name of Mother Mary A Bockmiller

6. Mother's Maiden Name Mary A Wasmer

7. Mother's Birthplace Ballo Md

8. Full Name of Father William F Bockmiller

9. Father's Occupation Blacksmith

10. Father's Birthplace Ballo Md

Name of Medical Attendant, or other Person who makes this Return. E Gover Cox M.D.

Address

Remarks

"That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Apr 3rd 1883*
4. Place of Birth, (Street and Number) *24 Forest Place*
5. Full Name of Mother, *Adella Hooper*
6. Mother's Maiden Name, *" King*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank D. Hooper*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Silas M. Hunter M.D.*
Address *36 Greenmount Ave.*
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62712

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3rd
4. Place of Birth, (Street and Number) 131 Henrietta St
5. Full Name of Mother, Catherine West
6. Mother's Maiden Name, " Rosenberger
7. Mother's Birthplace, Michigan
8. Full Name of Father, Frank West
9. Father's Occupation, Painter
10. Father's Birthplace, Philadelphia
- Name of Medical Attendant, or other Person who makes this Return L. Bunch M.D.
- Address, 1514 Anson St
- Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *William Frederick McMechen*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *April 4th 1883*

4. Place of Birth (Street and Number) *349 W Fayette St*

5. Full Name of Mother *Miss Virginia McMechen*

6. Mother's Maiden Name *Miss Virginia Childs*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Henry C McMechen*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Baltimore Co Maryland*

Name of Medical Attendant, or other Person who makes this Return. *Dr B O'Brien M.D.*

Address *64 N Race St*

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62714

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 1898

4. Place of Birth, (Street and Number)

No. 47 Pine Street Baltimore

5. Full Name of Mother,

Agnes Puffer

6. Mother's Maiden Name,

Burton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Puffer

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore Penn.

Name of Medical Attendant, or other Person who makes this Return

Dr. J. L. Luman

Address,

No. 36 Landon Avenue

Remarks,

Time healthy child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62710

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

APR
7
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

April 4 1883

4. Place of Birth, (Street and Number)

130 Register St

5. Full Name of Mother,

6. Mother's Maiden Name,

Sarah Norfolk

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Lucinda Norfolk

Address,

130 Register St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CERTIFICATE CORRECTED ~~1883~~
RETURN OF A BIRTH 62716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Otilia A. Stapleton

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *given den 4th April - 1883*

4. Place of Birth, (Street and Number) *85 179 Bond St*

5. Full Name of Mother, *Mary Strickton Stapleton*

6. Mother's Maiden Name, *Mary Bothe Bothe*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Strickton Stapleton*

9. Father's Occupation, *Handy helper*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Friederike Houfmann*

Address, *85 202 S. Dallas St*

Remarks, *Hebamm*

RETURN OF A BIRTH

62717

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 4th 1891

4. Place of Birth, (Street and Number)

82180 Drexel Ave

5. Full Name of Mother,

Anna Schomay

6. Mother's Maiden Name,

Anna Fühne

7. Mother's Birthplace,

Deutschland

8. Full Name of Father,

Johann Schomay

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Deutschland

Name of Medical Attendant, or other Person who makes this Return

Friederike Laufmann

Address,

82202 S. Drexel Ave

Remarks,

Hebrew

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62718

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *April 4th 1883*

4. Place of Birth, (Street and Number) *49 n Mullikin st*

5. Full Name of Mother, *Elinor Foster*

6. Mother's Maiden Name, *Elinor Skinner*

7. Mother's Birthplace, *Baltimore md*

8. Full Name of Father, *Thomas Foster*

9. Father's Occupation, *Oyster shucker*

10. Father's Birthplace, *Easton shore md*

Name of Medical Attendant, *Lucinder Wolford*
or other Person who makes this Return

Address, *130 n Regester*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12719

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child.*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4th April 1883.*

4. Place of Birth, (Street and Number) *65 N. Cassel Street.*

5. Full Name of Mother, *Annie Gerty.*

6. Mother's Maiden Name, *Annie Meachlaska.*

7. Mother's Birthplace, *Meandro North Carolina.*

8. Full Name of Father, *Charles E. Meachlaska.*

9. Father's Occupation, *Printer.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return *Dr. Gertrudina Kinskel.*

Address, *77 North Chappel St. per Justina Kinskel.*

Remarks, *Healthy.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62720

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Ch.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 4th 1888.

4. Place of Birth, (Street and Number)

142 S. Fremont, St.

5. Full Name of Mother,

Mary P. Schenker -

6. Mother's Maiden Name,

" " Rose.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

John Schenker -

9. Father's Occupation,

Tobaccoist.

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall. M.D.

Address,

152 Sharp St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62721

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child

APR
17
1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 1, 1883

4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

James A. Claudette

6. Mother's Maiden Name,

Kloce

7. Mother's Birthplace,

271 E. Monument

8. Full Name of Father,

Hen. H. Claudette

9. Father's Occupation,

Master

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 286 N. Donagh

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62722

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male & Female (Twins)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 4th 1883

4. Place of Birth, (Street and Number)

27 East St

5. Full Name of Mother,

May P. Young

6. Mother's Maiden Name,

May P. Anderson

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John Young

9. Father's Occupation,

Well Digger

10. Father's Birthplace,

Prince Georges Co

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

5 W. Garrett St

Remarks,

Twins

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

68723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24 - 1883

4. Place of Birth. (Street and Number) No. 35, D. Bond St

5. Full Name of Mother, Laura J. Haviman

6. Mother's Maiden Name, Mitchell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Haviman

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm Goetzke

Address, No. 35, D. Bond St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) African

3. Date of Birth 4

4. Place of Birth (Street and Number) Dover St 214

5. Full Name of Mother Gracie Brown

6. Mother's Maiden Name Gracie Brooks

7. Mother's Birthplace Baltimore City

8. Full Name of Father George Brown

9. Father's Occupation Brick Maker

10. Father's Birthplace Lal Keyar va

Name of Medical Attendant, or other Person who makes this return Abbrila Brooks

Address 214

Remarks very nicely

Deliver at the birth of any child, within the City of Baltimore, and report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62725

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 14th 1888

4. Place of Birth, (Street and Number)

47 Sterling St.

5. Full Name of Mother,

Eliza D. Smith

6. Mother's Maiden Name,

" Howard

7. Mother's Birthplace,

Annapolis Co. Md.

8. Full Name of Father,

John V. Smith

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Annapolis Co. Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. H. H. H. H. H.

Address,

152 E. Monument St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64726

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 April 1883
4. Place of Birth, (Street and Number) 260 Madison St.
5. Full Name of Mother, Jennie Harpich
6. Mother's Maiden Name, Mincki
7. Mother's Birthplace, Balt. Cld.
8. Full Name of Father, Henry Harpich
9. Father's Occupation, cigar maker
10. Father's Birthplace, Balt. Cld.

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Allig

Address,

48.7 Ball and St

Remarks,

Balt. Cld.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62727

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *4th of April 1883*
4. Place of Birth, (Street and Number) *12 Vincent St.*
5. Full Name of Mother, *Miss. Mark Miss. Stark*
6. Mother's Maiden Name, *Miss. Dietrich*
7. Mother's Birthplace, *Bavaria Germany*
8. Full Name of Father, *Wm. Stark*
9. Father's Occupation, *Worker*
10. Father's Birthplace, *Bavaria Germany*
- Name of Medical Attendant, or other Person who makes the Return *Miss. Miller*
- Address. *1017 W. Pratt St.*
- Remarks.

RETURN OF A BIRTH

63725

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4th April 1883

4. Place of Birth, (Street and Number)

Balta Caroline st No 75

5. Full Name of Mother.

Katherine Rob

6. Mother's Maiden Name,

Dr. Janova

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

August Rob

9. Father's Occupation,

Shoemaker

10. Father's Birthplace.

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Kopitsch

Address,

69 N. Washington st

Remarks,

Mary Kopitsch

RETURN OF A BIRTH

62729

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) 1 Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 4th April 1883

4. Place of Birth, (Street and Number) Little Calhoun Street City No 10

5. Full Name of Mother, Charity Waters

6. Mother's Maiden Name, Charity Sord

7. Mother's Birthplace, Calvert County M.D

8. Full Name of Father, William Waters

9. Father's Occupation, Wagner

10. Father's Birthplace, Frederick County

Name of Medical Attendant, or other Person who makes this Return

Address, 405 W. N. Sent. Hwy. Celiza Forster

Remarks,

"The any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or born, its or their physical condition, whether still-born or not, the full name, nativity, and race of the parents, and the maiden name of the mother of such child or children."

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62730

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

APR
5
1883

- No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.) _____
1. Sex (state whether male ~~or female~~) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth April 4th 1883
4. Place of Birth, (Street and Number) 20 S. Ann St.
5. Full Name of Mother Margaret M. Donough
6. Mother's Maiden Name Margaret Clarke
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father James M. Donough
9. Father's Occupation Clerk
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Nicholas L. Dashiell, Jr.
- Address 207 S. Broadway
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62731

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 4

4. Place of Birth, (Street and Number) 130 North Howard St.

5. Full Name of Mother, Mata Henriette Ruperti

6. Mother's Maiden Name, " " Löcher

7. Mother's Birthplace, North Germany, - Zetel

8. Full Name of Father, Johann Anton Bernhardt Ruperti

9. Father's Occupation, Bottle-maker

10. Father's Birthplace, North Germany - Zetel

Name of Medical Attendant, or other Person who makes this Return 1139

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62732

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth (4th)*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 5th, 1853.*
4. Place of Birth (Street and Number) *83 S. Green St.*
5. Full Name of Mother *Mrs. Mary E. Kerner*
6. Mother's Maiden Name *Miss Mary E. Gray*
7. Mother's Birthplace *Id.*
8. Full Name of Father *George W. Kerner*
9. Father's Occupation *Butter Carrier*
10. Father's Birthplace *Id.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. M. McKersan M.D.*
- Address *Springton & Landon Aves.*
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62732

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 5th 1813

4. Place of Birth, (Street and Number)

665 Grand Hill Ave

5. Full Name of Mother,

Maggie R Shryock

6. Mother's Maiden Name,

Torney

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

R. Taylor Shryock

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Chas E Sadtler M.D.

Address,

665 Grand Hill Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62731

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

April 5 1888

4. Place of Birth, (Street and Number)

Light Street near Fort St.

5. Full Name of Mother,

Elizabeth B. B. B.

6. Mother's Maiden Name,

Elizabeth L. L. L.

7. Mother's Birthplace,

Balt. City, Md.

8. Full Name of Father,

Henry B. B.

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Balt. City, Md.

Name of Medical Attendant, or other Person who makes this Return

E. A. Hinton

Address,

434 Charles Street

Remarks,

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

62735

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 10 1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 5 - 1883*
4. Place of Birth (Street and Number) *168 Mount St*
5. Full Name of Mother *Lida Gray*
6. Mother's Maiden Name *" McNeal*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Reese Gray*
9. Father's Occupation *Black*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *C. Sawcett, M.D.*
- Address *92 Mosker St*
- Remarks

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

62736

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Margaretta V. Soelkey*

Child of Mother (state whether 1st, 2d, 3d, &c.)

2

(state whether Male or Female)

Female

or Color (if not of the white race)

White

American

of Birth

April 5th 83.

ce of Birth (Street and Number)

417 W Lombard ch.

l Name of Mother

Emma V Soelkey

her's Maiden Name

" " Switzer

her's Birthplace

Battinon

l Name of Father

W. H. Soelkey

her's Occupation

Mechanic

her's Birthplace

Fredensborg, Dan.

me of Medical Attendant,

or other Person who makes this Return.

J. D. Smith M.D.

Address

584 W Fayette St

marks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62737

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

APR 17 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 5 1883
4. Place of Birth, (Street and Number) James Alley
5. Full Name of Mother Emme Jackson
6. Mother's Maiden Name Emme Russell
7. Mother's Birthplace Baltimore
8. Full Name of Father James Jackson
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catharine Sherman
- Address 1015 Byrds St
- Remarks _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62738

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

April - 5 - 1883

4. Place of Birth, (Street and Number)

410-2 Carroll St Baltimore Md

5. Full Name of Mother,

6. Mother's Maiden Name,

Margaret Quill

7. Mother's Birthplace,

Calvert Co Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Charlotte Mann

Address,

258 Rabauy St

Remarks,

none

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62759

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

April 5th 1889

4. Place of Birth, (Street and Number)

207 N Euter St

5. Full Name of Mother,

Elizabeth V Conley

6. Mother's Maiden Name,

Blumey

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Edwin J Conley

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

G W Willard

Address,

23 McCallum St

Remarks,

Balto

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62740

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 5th 1883

4. Place of Birth, (Street and Number)

57 Davis Street

5. Full Name of Mother.

Mary Everton

6. Mother's Maiden Name,

Virginia

7. Mother's Birthplace,

Robert Everton

8. Full Name of Father,

Laborer

9. Father's Occupation,

Virginia

10. Father's Birthplace.

Harriet Jackson

Name of Medical Attendant, or other Person who makes this Return

5. Forrest St

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, when shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62741

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 5th

4. Place of Birth, (Street and Number)

163 Carlton St

5. Full Name of Mother,

Mrs. Annie M. Davis

6. Mother's Maiden Name,

Annie M. Diggs

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

Louis Davis

9. Father's Occupation,

Writer

10. Father's Birthplace,

Mo.

Name of Medical Attendant,

or other Person who makes this Return

H. F. Hill, M.D.

Address,

443 Franklin St

Remarks,

Left arm presented
delivered successfully without hemorrhage

RETURN OF A BIRTH 62742

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Every person in charge of a child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 of 6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 5th 1883

4. Place of Birth, (Street and Number)

1018 Barney St.

5. Full Name of Mother.

Mary Vitch

6. Mother's Maiden Name,

Reagan

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Louis Vitch

9. Father's Occupation,

Shoemaker

10. Father's Birthplace:

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schugart midwife
330 Hanover St.

Address,

Remarks,

"That any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62742

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 5th 1883

4. Place of Birth, (Street and Number)

47 Fort av
Mahala Marshall

5. Full Name of Mother,

Mahala Phillips

6. Mother's Maiden Name,

Dorchester Co

7. Mother's Birthplace,

Levin Marshall

8. Full Name of Father,

Wood Bondar

9. Father's Occupation,

Dorchester Co

10. Father's Birthplace,

J. B. Cobb, MD
50 N. Main av

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the nr their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62744

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 5th 83.

4. Place of Birth, (Street and Number)

15-9 Cross. St.

5. Full Name of Mother.

Anna Jones.

6. Mother's Maiden Name.

" Woveford.

7. Mother's Birthplace,

Dorchester Co. Md.

8. Full Name of Father,

Chas. W. Jones.

9. Father's Occupation,

Blackster.

10. Father's Birthplace.

Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall, M.D.

Address,

15-2 Sharp St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62742

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 6th 1883

4. Place of Birth, (Street and Number)

No 10 Dell str

5. Full Name of Mother,

Mary Johnson

6. Mother's Maiden Name,

" Crowling

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Andrew Johnson

9. Father's Occupation,

Bar keeper

10. Father's Birthplace,

Italy

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank str

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62746

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 6 1883

4. Place of Birth, (Street and Number)

116 Stanford Ave.

5. Full Name of Mother,

Amelia Staunt.

6. Mother's Maiden Name,

Amelia Edwards

7. Mother's Birthplace,

Wallingford Conn.

8. Full Name of Father,

James F. Staunt.

9. Father's Occupation,

Teacher.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who make this Return

J. H. Robinson M.D.

Address,

254 Chestnut Ave.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62747

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6 April 1883

4. Place of Birth, (Street and Number)

99 Curley street easton

5. Full Name of Mother,

Mary A. Lindsay

6. Mother's Maiden Name,

Mary A. Mackboy

7. Mother's Birthplace,

Washington city

8. Full Name of Father,

William Lindsay

9. Father's Occupation,

Finisher

10. Father's Birthplace,

Washington city

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Sullivan

Address,

104 Curley street easton

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12748

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5 child
male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 6th 1883.

4. Place of Birth, (Street and Number)

12437. Ab. cong. 2.

5. Full Name of Mother,

Emme. White

6. Mother's Maiden Name,

" Banks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert. White

9. Father's Occupation,

Machine, agent.

10. Father's Birthplace,

Richmond

Name of Medical Attendant, or other Person who makes this Return

Emme. Lindner

Address,

12437 S. Monroe St

Remarks,

I, the undersigned, physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62749

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *5th Child.*
1. Sex, (state whether male or female) *Boy.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *1st of April, 1883.*
4. Place of Birth, (Street and Number) *102 North Chappel street.*
5. Full Name of Mother, *Annie D. Ingler.*
6. Mother's Maiden Name, *Annie Felber.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Andreas Felber.*
9. Father's Occupation, *Schoemaker.*
10. Father's Birthplace, *Germany.*
Name of Medical Attendant, or other Person who makes this Return *Crescentia Kuntel.*
Address, *11 North Chappel st. Crescentia Kuntel.*
Remarks, *Healthy.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62750.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth April 6th 1883.
4. Place of Birth (Street and Number) 177 E Fayette St
5. Full Name of Mother Louiza House,
6. Mother's Maiden Name Louiza Hasson,
7. Mother's Birthplace New Orleans La
8. Full Name of Father Edwin House.
9. Father's Occupation Painter
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who make this Return. J. Ridgway Andre M.D.
- Address No 121 E Baltimore St
- Remarks _____

"I HEREBY certify, as Registrar, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62751

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Black*
3. Date of Birth, *Apr. 6, 1883*
4. Place of Birth, (Street and Number) *14th St.*
5. Full Name of Mother, *Armelia Watkins*
6. Mother's Maiden Name, *Watkins*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *James Robinson*
9. Father's Occupation, *driver*
10. Father's Birthplace, *don't know*
- Name of Medical Attendant, or other Person who makes this Return *H. Gray Smith*
- Address, *St. Cor Townsend & Fremont St.*
- Remarks,

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
16
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
April 6th 1883
104 Hill St
Sarah H. Mitchell
Cary - Co. Md.
Geo. C. Mitchell
Rock + Lumber Maker
Baltimore
Frederick Cook M.D.
146 Hanover St
Apr 2, 1883

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62753

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *Caucasian*
 3. Date of Birth *April 6*
 4. Place of Birth (Street and Number) *147 York St*
 5. Full Name of Mother *Mary Jane Harris*
 6. Mother's Maiden Name *Mary Jane Jacobs*
 7. Mother's Birthplace *Queen Anne County*
 8. Full Name of Father *Thomas Harris*
 9. Father's Occupation *laborer*
 10. Father's Birthplace *Stun Brunel Co*
 Name of Medical Attendant, or other Person who makes this Return. *Lizzie Dorsey*
 Address *89 Church St*
 Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62784

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6 of April 1883

4. Place of Birth, (Street and Number)

34 Cannon St

5. Full Name of Mother,

6 of Annie Bigiman

6. Mother's Maiden Name,

Annie Sheffline

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Bigiman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Chas Wiley

Address,

No 12 Patterson Park dr

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62750

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 children*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *6 of April 1893*

4. Place of Birth, (Street and Number) *No 148 Seaboard St*

5. Full Name of Mother, *Gary Simmons*

6. Mother's Maiden Name, *Gary Millenburg*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Simmons*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Salina Sprickhaber*

Address, *No 128 West St*

Remarks,

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent's, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63756

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 6th 1883

4. Place of Birth, (Street and Number)

54 East St

5. Full Name of Mother,

Mary Sutton

6. Mother's Maiden Name,

Mary Turner

7. Mother's Birthplace,

Fair Haven

8. Full Name of Father,

John Sutton

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who
makes this Return

Harriet Jackson

Address,

5. Garrett St

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62757

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

6th April 1883

4. Place of Birth, (Street and Number)

215 Light

5. Full Name of Mother,

Emma Gerby

6. Mother's Maiden Name,

Hick

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Adam Gerby

9. Father's Occupation,

Baker

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

J. W. Mebrey

Address,

Remarks,

Has any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

F

2. Race or Color, (if not of the white race)

3. Date of Birth,

6th April 1883

4. Place of Birth, (Street and Number)

13 S High

5. Full Name of Mother,

Fannie

Gill

6. Mother's Maiden Name,

Phillips

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Amereus Gill

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

H. W. Webster

Address,

57 Banner

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62759

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 7th 1883

4. Place of Birth, (Street and Number)

242 Conway

5. Full Name of Mother,

Mary Stockton

6. Mother's Maiden Name,

McCorry

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Stockton

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. B. Billingslee

Address,

256 E. Packer St

Remarks,

With this statement, the physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62760

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *April 7th*

4. Place of Birth, (Street and Number) *36 North Fulton St*

5. Full Name of Mother. *Henrietta Mielke*

6. Mother's Maiden Name, *Janette Beck*

7. Mother's Birthplace. *Baltimore*

8. Full Name of Father, *David Mielke*

9. Father's Occupation, *Sea Farer*

10. Father's Birthplace. *Langig Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Dugan*

Address, *No 60 Schroeder St.*

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62761

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether Male or Female) *Little Boy*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *April 7 1883*
4. Place of Birth (Street and Number) *No 28 Carlton St*
5. Full Name of Mother *Louise Bodley*
6. Mother's Maiden Name *Louise Phillips*
7. Mother's Birthplace *Ma*
8. Full Name of Father *Samuel Bodley*
9. Father's Occupation *Carriage Driver*
10. Father's Birthplace *Ma* *No 9 Carlton St*
Name of Medical Attendant, or other Person who makes this Return. *Mrs Jane Butler assist^{ed}*
Address *By an old lady of experience*
Remarks *M^{rs} M. D. Lake No 53. N Carlton St*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62762

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 girl
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth Jan 6 1885
4. Place of Birth (Street and Number) I Bond St 1330
5. Full Name of Mother Luzie Lusk
6. Mother's Maiden Name Luzie Marge
7. Mother's Birthplace Luzie
8. Full Name of Father Luzie Marge
9. Father's Occupation Larkin
10. Father's Birthplace Luzie
- Name of Medical Attendant, or other Person who makes this Return. Luzie Marge I Bond St 1330
- Address Baltimore Jan 10 April 1885
- Remarks

I and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62763

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 7th 1883

4. Place of Birth, (Street and Number)

107 Jenkins ave

5. Full Name of Mother

Annie Barnaway

6. Mother's Maiden Name,

Annie Kline

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Barnaway

9. Father's Occupation,

Shoemaker

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm A. Muesenget

Address,

375 Penna ave

Remarks,

RETURN OF A BIRTH

62764

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 7th. 1882.*

4. Place of Birth, (Street and Number) *No 262 A. Wolf St.*

5. Full Name of Mother, *Camelia Connor*

6. Mother's Maiden Name, *Camelia Brechous*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo. W. Connor*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *W. A. B. M.D.*

Address, *No. 185 S. E. cor. Central av. & Monument St.*

Remarks, *All Well*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Just as physicians, accoucheurs, midwives, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62-765

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7 of April

4. Place of Birth, (Street and Number)

no 12 gist st

5. Full Name of Mother,

Mary Christopher

6. Mother's Maiden Name,

Chamberlain

7. Mother's Birthplace,

Baltimore, C O

8. Full Name of Father,

Charles Christopher

9. Father's Occupation,

iron Puddler

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant

or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park dr

Remarks,

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62766

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
14
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7 of April 1883

4. Place of Birth, (Street and Number)

Patterson Park Ave

5. Full Name of Mother,

Laura Cadell

6. Mother's Maiden Name,

Parrot

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Cadell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park Ave

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62767

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three
1. Sex (state whether male or female) Male - 2 Females
2. Race or Color (if not of the white race) _____
3. Date of Birth April 7th 1893
4. Place of Birth (Street and Number) 224 North Bond St
5. Full Name of Mother Mary Ellen Carroll
6. Mother's Maiden Name Pemberton
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thomas Carroll
9. Father's Occupation Bricklayer
10. Father's Birthplace Rhode Island
- Name of Medical Attendant, or other Person who makes this Return. Milton S. Hyatt, M.D.
- Address 138 North Broadway
- Remarks The physical condition of the child is good.

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62768

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7th April 1883

4. Place of Birth, (Street and Number)

No 257 Battery Av.

5. Full Name of Mother,

Nora Melville

6. Mother's Maiden Name,

Nora Roan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francis Melville

9. Father's Occupation,

Engineer

10. Father's Birthplace:

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Delina Eliaschaler

Address,

No 28 West St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 7th 1883

4. Place of Birth, (Street and Number)

46 Glen St.

5. Full Name of Mother,

Margaret J. Bare

6. Mother's Maiden Name,

Elizabeth

7. Mother's Birthplace,

Harford Co. Md.

8. Full Name of Father,

Ephraim G. Bare

9. Father's Occupation,

Steam Fitter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Anna Hillegast

Address,

152 E. Monument St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. It is their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th April 1883

4. Place of Birth, (Street and Number) N. Durham St No 311

5. Full Name of Mother, Rosa Otčenash

6. Mother's Maiden Name, Rosa Kastar

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos. Otčenash

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address, 69 N. Washington St Mary Joseph

Remarks, Mary Joseph

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 7th 1883

4. Place of Birth, (Street and Number)

No. 304 Hanover st.

5. Full Name of Mother,

Louise Kramer

6. Mother's Maiden Name,

Engel

7. Mother's Birthplace,

America

8. Full Name of Father,

John Kramer

9. Father's Occupation,

Barber

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohwasser midwife

Address,

330 Hanover st.

Remarks,

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62773

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *girl*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *7 April*
 4. Place of Birth, (Street and Number) *327 Central Avenue*
 5. Full Name of Mother, *Catherine Lacher*
 6. Mother's Maiden Name, *Catherine Linger*
 7. Mother's Birthplace, *Untermybach Baiern*
 8. Full Name of Father, *Conrad Lacher*
 9. Father's Occupation, *Yaplor*
 10. Father's Birthplace, *Memhofen Baiern*
- Name of Medical Attendant, or other Person who makes this Return *Anna Walker*
- Address, *239 E. Eager Street*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *5th child*

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *7 April*
4. Place of Birth, (Street and Number) *Central Avenue No 262*
5. Full Name of Mother, *Therise Hoeck*
6. Mother's Maiden Name, *Therise Ribel*
7. Mother's Birthplace, *Farenstein, Baiern*
8. Full Name of Father, *Heichel Hoeck*
9. Father's Occupation, *(Grafenau, Baiern) Libre hand*
10. Father's Birthplace, *.....*

Name of Medical Attendant, *Anna Waller*
or other Person who make this Return

Address, *239 E. Eager street*

Remarks,

man at day thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

62775

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*

1. Sex, (state whether male or female) *boy*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *7 April*

4. Place of Birth, (Street and Number) *256 Eden street*

5. Full Name of Mother, *Louise Grager*

6. Mother's Maiden Name, *Louise Schell*

7. Mother's Birthplace, *Hessell (Hessen)*

8. Full Name of Father, *Henri Grager*

9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Baltimore city*

Name of Medical Attendant, *Anna Walker*
or other Person who makes this Return

Address, *239 E. Grager street*

Remarks,

great and the health, accountant, marriage, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62976

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 7

4. Place of Birth, (Street and Number) No 468 Harford Ave

5. Full Name of Mother, Josephine Schuch

6. Mother's Maiden Name, Dr Weirach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schuch

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who
makes this Return Josephine Schuch

Address, _____

Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 7th 1893

4. Place of Birth (Street and Number) 121 William St

5. Full Name of Mother Emma Syrett

6. Mother's Maiden Name Emma Fox

7. Mother's Birthplace Baltimore

8. Full Name of Father James Syrett

9. Father's Occupation Merchant Marine

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Chas. A. Easton

Address 134 Hamburg St

Remarks Emma Syrett

RETURN OF A BIRTH 62778

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 8th*
4. Place of Birth, (Street and Number) *No. 1 Jackson Court*
5. Full Name of Mother, *Margaretta Reis*
6. Mother's Maiden Name, *Kitzinger*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *August Reis*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Dangler*
- Address, *No. 60 Schroeder St.*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62779

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr 8. 83.

4. Place of Birth, (Street and Number)

Cor. Chester & Monument St

5. Full Name of Mother,

Anna Hecker

6. Mother's Maiden Name,

Hauk

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Heinrich Hecker

9. Father's Occupation,

Lebner

10. Father's Birthplace,

Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return

Dr. J. P. P. P. P.

Address,

4014

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62780

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr 8, 83

4. Place of Birth, (Street and Number)

W. Wolfe St. No 511

5. Full Name of Mother.

Conny Stocker

6. Mother's Maiden Name,

Laty

7. Mother's Birthplace,

Prussia

8. Full Name of Father.

George Glaser

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Wm. G. H. H. H. H.

Address,

W. Wolfe St. No 14

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62781

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 8, 1883

4. Place of Birth, (Street and Number)

198 Gay St.

5. Full Name of Mother,

Mary L. Kappler

6. Mother's Maiden Name,

" " Burkley

7. Mother's Birthplace,

Balt. Co. Md.

8. Full Name of Father,

John Kappler

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Europ

Name of Medical Attendant, or other Person who makes this Return

Mrs. Minnick

Address,

No. 1. Ledenhal St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

April 8th. 1882

4. Place of Birth, (Street and Number)

No. 31 Edward St

5. Full Name of Mother.

Bridget Krissner

6. Mother's Maiden Name.

Ireland

7. Mother's Birthplace.

Ireland

8. Full Name of Father.

Paul Krissner

9. Father's Occupation.

Carpenter

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. V. Butt

Address,

No 185 S. E. on Central av. & Monument St

Remarks,

All Well

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9 Child

1. Sex, (state whether male or female)

male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 8th/83.

4. Place of Birth, (Street and Number)

No. 62 S. Monroe St.

5. Full Name of Mother.

Mary Fisher

6. Mother's Maiden Name,

" Williams.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Comad Fisher

9. Father's Occupation,

Brick Finisher

10. Father's Birthplace,

German.

Name of Medical Attendant,

or other Person who
makes this Return

Anne Gardner.

Address,

No. 45 S. Monroe St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62784

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sunday April 8 1877

4. Place of Birth, (Street and Number)

No 10 E Baltimore St

5. Full Name of Mother,

Maggie McCarley

6. Mother's Maiden Name,

Battell

7. Mother's Birthplace,

Mayland

8. Full Name of Father,

Charles E McCarley

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

No 2 Larchmont Ave Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

No 28 E Franklin St

Remarks,

Fine healthy child

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62785

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8th 1883,
4. Place of Birth, (Street and Number) * 673 W Baltimore St
5. Full Name of Mother, Hannah Rosenthal
6. Mother's Maiden Name, Hannah Goldstein
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Rosenthal
9. Father's Occupation, Salesman
10. Father's Birthplace, Connecticut
- Name of Medical Attendant, or other Person who makes this Return, Saml D. Powell M.D.
- Address, #29 Asquith Street
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *8 of April*
4. Place of Birth, (Street and Number) *753 Madaya Alle*
5. Full Name of Mother, *Mary Rachel*
6. Mother's Maiden Name, *Dein*
7. Mother's Birthplace, *Bavaria (Germ)*
8. Full Name of Father, *Perusia Charles Rachel*
9. Father's Occupation, *Laborn*
10. Father's Birthplace, *Perusia*
- Name of Medical Attendant, or other Person who makes this Return. *E. Behnken (Midwife)*
- Address, *54 Essex St.*
- Remarks,

RETURN OF A BIRTH.

62787

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th
male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

white

3. Date of Birth

April 8th 1883.

4. Place of Birth (Street and Number)

14 Montrose st.

5. Full Name of Mother

Georgiana Arniager

6. Mother's Maiden Name

" Duckett

7. Mother's Birthplace

Princeton, Md.

8. Full Name of Father

Thos. A. Arniager

9. Father's Occupation

Laborer

10. Father's Birthplace

Ada County, Ind.

Name of Medical Attendant, or other Person who makes this Return.

J. J. Smith, M.D.

Address

584 W. Fayette st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Colored

8 April

Blood court

Henrietta Washington

Henrietta Green

Richmon Co. Virginia

John Washington

Colored

Balt City

Miss Anna Duff

no 120 Chesnut St

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62789

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th April

4. Place of Birth, (Street and Number) No 41 E. Eager St

5. Full Name of Mother, Mrs. Leibel Isaac Muhlly

6. Mother's Maiden Name, Lora Leibel

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Muhlly

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs. Woden or other Person who makes this Return

Address, No 120 Greenmount Av

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62790

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 8 1883

4. Place of Birth, (Street and Number)

59 Chestnut St

5. Full Name of Mother,

Emma Watson

6. Mother's Maiden Name,

Em Hurst

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Watson

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs E. Tray

Address,

113 Chestnut

Remarks,

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62791

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th of April

4. Place of Birth, (Street and Number)

Burgundy St No 184

5. Full Name of Mother,

Elizabeth M Kohle

6. Mother's Maiden Name,

Elizabeth A Shriver

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Geo Kohle

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Amelia G. G.

Address,

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

62792

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex (state whether Male or Female)

Race or Color (if not of the white race)

Date of Birth

Place of Birth (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Born on the 8th July 83
No 3 Willow St
Ann Helen Baby live Birth
Born in Balt
James Mc Gargan Ann Mc Gargan
horse dealer Born in Balt
James Mc Gargan Born
Ireland
In family
Mrs Mary Word No Webster
ally

While any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

62793

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 8th 1883

4. Place of Birth, (Street and Number)

89 Mosher St.

5. Full Name of Mother,

Jennie Reardon

6. Mother's Maiden Name,

Moore

7. Mother's Birthplace,

Balta. City Md

8. Full Name of Father,

Jas. Jas. Reardon

9. Father's Occupation,

Dairyman

10. Father's Birthplace,

Balta City Md.

Name of Medical Attendant, or other Person who makes this Return

W. Christian M.D.

Address,

431 Penna. Ave.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, live or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

21

RETURN OF A BIRTH

62794

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 8th 1867

4. Place of Birth, (Street and Number)

In rear of 34 East St

5. Full Name of Mother,

Rebecca Butler

6. Mother's Maiden Name,

Rebecca Somerville

7. Mother's Birthplace,

St Mary's County

8. Full Name of Father,

Alexander Butler

9. Father's Occupation,

Stevadore

10. Father's Birthplace,

St Mary's County

Name of Medical Attendant,

or other Person who
makes this Return

Harriet Jackson

Address,

5. Farrest St

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62795

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 8th 1883

4. Place of Birth, (Street and Number) 85 William St

5. Full Name of Mother Elizabeth Kines

6. Mother's Maiden Name Shurt

7. Mother's Birthplace Baltimore

8. Full Name of Father William H. Kines

9. Father's Occupation laborer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address 5 Franklin St.

Remarks

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62796

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 8th 1883.

4. Place of Birth, (Street and Number)

56 S. Paca. St.

5. Full Name of Mother.

Maggie Stevens.

6. Mother's Maiden Name,

" Harrison.

7. Mother's Birthplace,

Calvert Co. Md.

8. Full Name of Father.

Chas. F. Stevens.

9. Father's Occupation,

Clerk.

10. Father's Birthplace.

Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall. M.D.

Address,

152 Sharp. St.

Remarks,

any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62797

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 1st child

1. Sex, (state whether male or female)

Isa Maria Bauer

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 16, 1893

4. Place of Birth, (Street and Number)

E. Pratt St. 14 1811

5. Full Name of Mother,

Sophia E. Bauer

6. Mother's Maiden Name,

Sophia E. Lohstein

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

John B. Bauer

9. Father's Occupation,

Trimmer

10. Father's Birthplace,

Balt. City

Name of Medical Attendant,

or other Person who makes this Return

May E. Muller

Address,

11 Dallas St. 14 1811

Remarks,

Full name of child added by mother upon applying for a transcript. Sophia E. Bauer Mother. L. E. Helm - Reg. March 16, 1933

62795

BALTIMORE CITY.

- Female

- While

- April 25 1953

- ~~272~~

- ? Florence Wiegan

- Therence Eden

- ~~17. 11. 1911~~

- Dr. Wiegand

- Philetas

- Bull

W. Liebenberg

1521 W. Leona

Remarks, _____

BILLY A. CO., CITY PRINTERS AND STATIONERS

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

12799

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 9 1883

4. Place of Birth, (Street and Number)

914 E. Wolf Str

5. Full Name of Mother,

Mary Montzel

6. Mother's Maiden Name,

Reibel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Montzel

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Krapf

Address,

236 Canton Ave

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62800

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

April 9th 1888

4. Place of Birth, (Street and Number)

103 Marshall Ave

5. Full Name of Mother,

Mary Klien

6. Mother's Maiden Name,

Mary Doran

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Klien

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

C. Hinton

Address,

No 624 S. Charles street

Remarks,

APR 12 1888

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62801

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr 9. 83.

4. Place of Birth, (Street and Number)

E Lombard St 365

5. Full Name of Mother,

Apelung Liberman

6. Mother's Maiden Name,

W. Liberman

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Joseph Liberman

9. Father's Occupation,

Chamberlain

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return

Wm. F. Liberman

Address,

W. F. Liberman

Remarks,

At any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62802

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 April

4. Place of Birth, (Street and Number) 200 Hampshire Street

5. Full Name of Mother, Henry J. Hendrick

6. Mother's Maiden Name, Henry Hendrick

7. Mother's Birthplace, O. Vermont

8. Full Name of Father, John J. Hendrick

9. Father's Occupation, Stenographer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Miss M. Hendrick

Address, 1 S. Frederick St.

Remarks, _____

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62503

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9 of April*
4. Place of Birth, (Street and Number) *129 1/2 Duncan Alley*
5. Full Name of Mother, *Annie Vogel*
6. Mother's Maiden Name, *Schmidt*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Vogel*
9. Father's Occupation, *Kammeracker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *G. Robinson Midwife*
- Address, *54 Essex St.*
- Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62804

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY

DATE MADE ADDITION 4-14-54

Name: William Arthur Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

M

W

April 9th, 1883

334 Penna av

Amelia Young

Fisher

Beth

Thos P. Young

Car Painter

Beth

Dr. R. Winslow

201 W. Biddle St

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62501

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 9. 1883
4. Place of Birth, (Street and Number) 812 1/2 Springhouse foot of Croft St.
5. Full Name of Mother, Rebecca Brown
6. Mother's Maiden Name, Rebecca Brazier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Brown
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Tash
- Address, 107 Johnson St. Balt. Md.
- Remarks.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62806

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh (7th)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 9th, 1883*
4. Place of Birth, (Street and Number) *No. 99 N. Ann Street*
5. Full Name of Mother, *Mrs. Annie Elizabeth Fitzgerald*
6. Mother's Maiden Name, *Miss A. E. Robinson*
7. Mother's Birthplace, *Dorchester County, Maryland*
8. Full Name of Father, *Mr. James H. Fitzgerald*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Pennsylvania*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. M. C. Audin M. D.*
- Address, *No. 102 N. Broadway*
- Remarks, _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62807

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First-
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 9, 1883

4. Place of Birth, (Street and Number)

452 E. Fayette

5. Full Name of Mother,

Ella C. Foxcroft

6. Mother's Maiden Name,

Foxcroft

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel A. Foxcroft

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
makes this Return

Harry A. Allwell

Address, 286 N. Donagh

Remarks,

62506

BALTIMORE CITY.

ORE CITY. (Twins)

- White
Apr 9 / F3
E. L. Schroeder
Huxna Doyle
" Hieinter
D. A. M.
J. A. Doyle
Chackin
B. A. M.

Wm. A. L. Campbell

Remarks,

LEAHY & CO. CITY ENGINEERS AND STATIONERS

I, the any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62809

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 9th 1883

4. Place of Birth, (Street and Number)

No. 3. Broadway East

5. Full Name of Mother,

Mrs. Robes

6. Mother's Maiden Name,

the same

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

of

9. Father's Occupation,

..

10. Father's Birthplace,

..

Name of Medical Attendant, or other Person who makes this Return

Leos Walter

Address,

No 15 Dorchester Alley

Remarks,

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62810

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOT
APR
12
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Children

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 9 of April 1883

4. Place of Birth, (Street and Number)

No 115 West St

5. Full Name of Mother,

Louisa Busch

6. Mother's Maiden Name,

Louisa Siple

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Siple

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Louisa Siple

Address,

No 128 West St

Remarks,

Physician, accoucher, midwife, or other person in charge, who shall attend, assist or deliver at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62811

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 7. 1883 ~~Harzgrove~~ at home
4. Place of Birth, (Street and Number) St 3 Harzgrove at home
5. Full Name of Mother, Mary Garrith
6. Mother's Maiden Name, Mary Gardner
7. Mother's Birthplace, Baltimore County Md
8. Full Name of Father, Gerrit Garrith
9. Father's Occupation, laboring
10. Father's Birthplace, White. Ste. Virginia
- Name of Medical Attendant, or other Person who makes this Return. Sallie Harrison an attendant
- Address, 24 Fisher St
- Remarks, Baltimore

RETURN OF A BIRTH

62812

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
1902

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

49

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

April 9

4. Place of Birth, (Street and Number)

45 Chesnut ally

5. Full Name of Mother,

Martha Thompson

6. Mother's Maiden Name,

Martha Phillips

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Thompson

9. Father's Occupation,

laboring

10. Father's Birthplace,

Western Shore

Name of Medical Attendant, or other Person who makes this Return.

Dr. James H. Thompson

Address,

74 Chesnut St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62812

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. April 11th 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9th 1883

4. Place of Birth, (Street and Number) 287, Gough St.

5. Full Name of Mother, Lizzie Segenhardt

6. Mother's Maiden Name, Lizzie Glennis

7. Mother's Birthplace, America

8. Full Name of Father, James Segenhardt

9. Father's Occupation, Teaman.

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Anand

Address, No. 137 J. Wolfe St.

Remarks, J. G. P.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

April 9th 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *My Son's Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *April 9th 1883*

4. Place of Birth, (Street and Number) *at 16 Madison Ave*

5. Full Name of Mother, *Mary Smith*

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, *Wm J. Smith*

9. Father's Occupation, *Porter*

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *Lucy Comstock #15 Jordan Ave*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

62815

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

APR
11
1903

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if nat of the white race) *White*
3. Date of Birth *April 6/03*
4. Place of Birth (Street and Number) *24 E. Townsend St.*
5. Full Name of Mother *Eveline L. Welsh*
6. Mother's Maiden Name *" " Hammill*
7. Mother's Birthplace *Baltimore, Md.*
8. Full Name of Father *Henry R. Welsh*
9. Father's Occupation *Asst. Sec. Conn. & State Exchange*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *W. B. A. Miller*
- Address *196 N. Fremont St.*
- Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR
10
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14*
1. Sex (~~state whether male or female~~)
2. Race or Color (if not of the white race) *White*
3. Date of Birth *4-9-83*
4. Place of Birth (Street and Number) *541 W. Balto St*
5. Full Name of Mother *Mrs. M. J. Cumming*
6. Mother's Maiden Name *Pearce*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *H. S. Cumming*
9. Father's Occupation *Salesman*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *R. H. Cashman*
- Address
- Remarks *Natural* *349 Lerch*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62817

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 9th 1883
4. Place of Birth, (Street and Number) 362 N. Charles Street
5. Full Name of Mother Sally Abell
6. Mother's Maiden Name Sally Biston
7. Mother's Birthplace Baltimore
8. Full Name of Father Walter B. Abell
9. Father's Occupation Editor of "Baltimore Sun"
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. N. P. C. Wilson Jr.
Address 146 Park Avenue
Remarks

shall any physician, accouchant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *62818*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

5^d
Female
White
April 9 1883
92 Fair Mt. St
Emma Swartz
Emma Barnes
Baltimore
Michael Swartz
Butcher
Baltimore
Edith M. Ma
50 narrow st

RETURN OF A BIRTH 62819

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 26th 1883*
 4. Place of Birth, (Street and Number) *Spring St. No. 129 1/2*
 5. Full Name of Mother, *Maria Lehmann*
 6. Mother's Maiden Name, *Maria Blumgren*
 7. Mother's Birthplace, *Schwarzrueh, Prussia, Germany*
 8. Full Name of Father, *Libert Lehmann*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Schulendorf, Prussia, Germany*
- Name of Medical Attendant, *or other Person who makes this Return* *Harry E. Müller*
- Address, *1. Spring St. No. 126*
- Remarks, *Dead born*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ~~62827~~

To the Office of Registrar of Vital Statistics, Board of Health, ~~62827~~ 62820
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *6 child*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *9 April*
4. Place of Birth, (Street and Number) *94 Sommerset street*
5. Full Name of Mother, *Josephine Goltz*
6. Mother's Maiden Name, *Josephine Heibel*
7. Mother's Birthplace, *Waltenburg (Böhmen)*
8. Full Name of Father, *Joseph Goltz*
9. Father's Occupation, *Taylor*
10. Father's Birthplace, *Schanzendorf (Hannover)*
- Name of Medical Attendant, or other Person who makes this Return *Anna Walter*
- Address, *139 E. Eager street*
- Remarks,

When any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

- 12522*
62821
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *April 9th*
4. Place of Birth, (Street and Number) *Ag 80 West*
5. Full Name of Mother, *Rebecca Craig*
6. Mother's Maiden Name, *" Loasky*
7. Mother's Birthplace, *City*
8. Full Name of Father, *William Craig*
9. Father's Occupation, *Boiler maker*
10. Father's Birthplace, *Orchester County*
- Name of Medical Attendant, or other Person who makes this Return *L. C. Birch M.D.*
- Address, *151 Hanover St*
- Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

62822
62822

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 10 1883

4. Place of Birth, (Street and Number)

304 W. Ann. St.

5. Full Name of Mother,

Ida E. Chadwick

6. Mother's Maiden Name,

Black

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ed. F. Chadwick

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 286 N. Donogh St

Remarks,

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr. 10th 1883.

4. Place of Birth, (Street and Number)

424 Calhoun St

5. Full Name of Mother,

Octavia Brooks

6. Mother's Maiden Name,

Reamy

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

Richard C. Brooks

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other Person who makes this Return

J. H. Christian M.D.

Address,

431 Lenox Ave.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 14, 1911*
4. Place of Birth, (Street and Number) *141 Franklin St.*
5. Full Name of Mother, *Gallie Linch*
6. Mother's Maiden Name, *Gallie Bonan*
7. Mother's Birthplace, *Caroline County Virginia*
8. Full Name of Father, *Dennis Linch*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Richmond Virginia*
- Name of Medical Attendant, or other Person who makes the Return. *Mrs Eda Sadler*
- Address, *No. 1200 St.*
- Remarks, ..

62220

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

10

Male...

1993

April 10th 1883

415 Alice Ann str

Augusta Shafer
Dale

Jack

City

John Stauffer

Laborn

City

Mrs Elizabeth S. Betz
120 Bank St

120 Bank St

7. BILLY A. (D) CITY CLERK AND STATISTICAL

For any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62826

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex. (state whether male or female)

Male

2. Race or Color. (if not of the white race)

3. Date of Birth,

April 10th 1883.

4. Place of Birth, (Street and Number)

No 279 Canton Ave

5. Full Name of Mother.

Christina Diering

6. Mother's Maiden Name.

" Rank

7. Mother's Birthplace,

City

8. Full Name of Father.

Henry L. Diering

9. Father's Occupation,

Constable

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

62837

NY
112
1023

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- c.) 5th
1893
Hiale
White
10th of April
3.12. 1893
E. Kupper
Gott
David and Marg and
John & Kupper
You & I will now arrive
Kothenburg, being down of
the Atlantic Ocean
The Atlantic Ocean have it

Address,

Remarks.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *12828*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2ed*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 10th 1883*

4. Place of Birth, (Street and Number) *No. 311 S. Central av.*

5. Full Name of Mother, *Annie Feaster*

6. Mother's Maiden Name, *Annie Goodman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Anton Feaster*

9. Father's Occupation, *Plummer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *M. V. Smith*

Address, *No. 185. S. E. cor Central av. Mount St.*

Remarks,

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62829

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh (7th)
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 10th 1882

4. Place of Birth, (Street and Number)

197 Emsor St

5. Full Name of Mother,

Emma Stauffer Emis

6. Mother's Maiden Name,

Kaufholz

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Dolph Emis

9. Father's Occupation,

Shoemaker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Regina A Winter

Address,

186 Harford Ave

Remarks,

I am any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent^s, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62830

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10th of April*
4. Place of Birth, (Street and Number) *286 W. Lombard Street*
5. Full Name of Mother, *Anni Jordan*
6. Mother's Maiden Name, *—*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *—*
9. Father's Occupation, *—*
10. Father's Birthplace, *—*
- Name of Medical Attendant, *J. Betenken Midwife*
or other Person who makes this Return.
- Address, *54 Essex St.*
- Remarks, *—*

Every physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 62831

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 10, 1883

4. Place of Birth, (Street and Number)

74 Jackson St

5. Full Name of Mother,

Annice M. Tyler

6. Mother's Maiden Name,

Lindemann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. Tyler

9. Father's Occupation,

Care Worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 256 Mc Donough

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

12832

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 10th 1893
4. Place of Birth, (Street and Number) No 120 Marshall Avenue
5. Full Name of Mother Margaret Reesbach
6. Mother's Maiden Name Margaret Reesbach
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Charles Reesbach
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Corral Midwife
- Address No 317 1st Avenue
- Remarks Mother and babe doing well

and any physician, accoucheur, midwife, or other person in charge, who shall inform, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62833

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th 1883
4. Place of Birth, (Street and Number) 62 Cross St
5. Full Name of Mother, Catharine Shaffer
6. Mother's Maiden Name, Catharine Adams
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, William Shaffer
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore, Md
- Name of Medical Attendant, or other Person who makes this Return. Mary E. Bentley
- Address, 28 Columbia St
- Remarks, Child Strong

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

698311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
16
1892

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *10th April*
4. Place of Birth, (Street and Number) *185 Madison*
5. Full Name of Mother, *Mary Nieberding*
6. Mother's Maiden Name, *= Ulberding*
7. Mother's Birthplace, *Damme (Oldenburg) Germ*
8. Full Name of Father, *Gerhard Nieberding*
9. Father's Occupation, *Labeln*
10. Father's Birthplace, *Lohne (Oldenburg) Germ*
- Name of Medical Attendant, or other Person who makes this Return. *J. Behnken*
- Address, *54 Essex St.*
- Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

82835

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

American (White)

3. Date of Birth

April 10th, 1883.

4. Place of Birth (Street and Number)

Baltimore Harbor St.

5. Full Name of Mother

Annie E. Robey

6. Mother's Maiden Name

" " Pecker.

7. Mother's Birthplace

Virginia

8. Full Name of Father

Wm. W. Robey.

9. Father's Occupation

Cleric

10. Father's Birthplace

Charles County, Md.

Name of Medical Attendant, or other Person who makes this Return.

J. G. Smithwick M.D.
John W. Fayette M.D.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr. 10th

4. Place of Birth, (Street and Number)

14 Brunne St

5. Full Name of Mother

Mrs. H. McKaig

6. Mother's Maiden Name

Miss Mary McKaig

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Richard McKaig

9. Father's Occupation,

Hotel Roller maker

10. Father's Birthplace,

Ind

Name of Medical Attendant,

or other Person who makes this Return

H. F. Hoyer M.D.

Address,

1443 Franklin

Remarks,

Was only a 5-m. child & lived 24 hrs.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62837

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth (9.)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 10th 1883*

4. Place of Birth, (Street and Number) *No 329 N. Durham St*

5. Full Name of Mother, *Marie Rybak*

6. Mother's Maiden Name, *Cherovit*

7. Mother's Birthplace, *Okrohl, Bohemia*

8. Full Name of Father, *Joseph Rybak*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Vesely Bohemia*

Name of Medical Attendant, or other Person who makes this Return *Josephina Konrad*

Address, *No 22 Barnes St*

Remarks, _____

advised at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62828

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 10 1883

4. Place of Birth, (Street and Number)

172 McDonald st

5. Full Name of Mother,

6. Mother's Maiden Name,

Hester Penkey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *Lucinda*

Woodford 130 Regester st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

April 11th 1882

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 10th 1883

4. Place of Birth, (Street and Number) 37 Durham St.

5. Full Name of Mother, Nellie Groll

6. Mother's Maiden Name, Nellie Lieberman

7. Mother's Birthplace, Germany

8. Full Name of Father, William Groll

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Mary Amend

Address, No. 137 S. W. St.

Remarks, (11) 1882

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their marital condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 10th 1882

4. Place of Birth, (Street and Number)

#242 Front St.

5. Full Name of Mother,

Kate M. Greney

6. Mother's Maiden Name,

Griffin

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

George L. M. Greney

9. Father's Occupation,

Manufacturer of Tobacco, Beer & Soda Water

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Anna Millegast

Address,

152 E. Monument St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62841

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *first accouchment, Twins*
1. Sex, (state whether male or female) *females*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Apr. 10th 1883.*
4. Place of Birth, (Street and Number) *24 Patterson Ave.*
5. Full Name of Mother, *Aggia Alma Forrester*
6. Mother's Maiden Name, *White*
7. Mother's Birthplace, *Laurel Del.*
8. Full Name of Father, *Jno. Randolph Forrester*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Westminster Md.*
Name of Medical Attendant, or other Person who makes this Return *A. Christian M.D.*
Address, *431 Penna. Ave.*
Remarks,

and any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62842

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 26, 1883

4. Place of Birth, (Street and Number)

E. Fayette St. 1971

5. Full Name of Mother,

Rosie Witzgall

6. Mother's Maiden Name,

Rosie Gritman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edam Witzgall

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mary E. Harris

Address,

1626 E. Fayette St.

Remarks,

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, April 10, 1883

4. Place of Birth, (Street and Number)

Pleasant St., 1323

5. Full Name of Mother,

Mary Schmidt

6. Mother's Maiden Name,

Mary Lehmann

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Isaac Schmidt

9. Father's Occupation,

Harness maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant,

or other Person who makes this Return

Mary E. Martin

Address,

1323 Pleasant St.

Remarks,

62524

Baltimore Ci

800

Male

CP hide

April 11th 1889

68 North Biddle st

Schindler

Heisinger

Germ army.

Christoph Schindler

Becker

Germany

Donat Hellerist

162 B. Government Street

Remarks.

maternity, under whose charge or supervision a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same in the birth register maintained by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the birth year, and shall set forth, as far as the same can be ascertained, the full name of each child if the name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and the date of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate of birth, and a true copy of each and every month to the Board of Health. In case the birth of any child shall occur within a year of the death of any child born to the mother, or the death of any child shall occur within a year of the death of any child born to the mother, immediately thereafter the practitioner or midwife for the parent or parents of such child shall report to the Board of Health, in the manner and within the period when required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than five dollars for each offense, to be recoverable.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 11th 1883

4. Place of Birth, (Street and Number)

Gilman St. near Peabody

5. Full Name of Mother,

Mary Reese

6. Mother's Maiden Name,

Torphy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Reese

9. Father's Occupation,

Bronze-layer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Chas. E. Sadler, Jr.

Address,

26 South Hill St.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mary Bias gives birth to child a male*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *April the 11*

4. Place of Birth (Street and Number) *137 York St Baltimore City*

5. Full Name of Mother *Mary Bias*

6. Mother's Maiden Name *Mary Locket*

7. Mother's Birthplace *Eastern Shore Md*

8. Full Name of Father *Willie Bias*

9. Father's Occupation *works oysters in brick*

10. Father's Birthplace *An Maran del Coquid yard*

Name of Medical Attendant, or other Person who makes this Return. *Mary Mable*

Address *241 York St City*

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Give this physician, accoucheur, midwife, or other person in charge, who shall attend, notice of
advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

21st
Female
April 11th 1883
240^{1/2} Montgomery St.
Dorance C. Phillips
" " Phillips
Baltimore
Wm. H. Wright
Baltimore
Sheldon Cooke

Give any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62848

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

APR

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

18 Spring st

4. Place of Birth, (Street and Number)

Kennday April 11th 1883

5. Full Name of Mother,

Ellen Slater

6. Mother's Maiden Name,

Ellen Fisher

7. Mother's Birthplace,

Easton shore Md

8. Full Name of Father,

James Slater

9. Father's Occupation,

Oyster shucker

10. Father's Birthplace,

Easton shore Md

Name of Medical Attendant, or other Person who makes this Return

Lucinda Mafford

Address,

130 Regester st

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH *62849*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 18th*

4. Place of Birth, (Street and Number) *5-35 Hollins*

5. Full Name of Mother, *Mrs. Mary Redifer*

6. Mother's Maiden Name, *" Bondner*

7. Mother's Birthplace, *Ind.*

8. Full Name of Father, *Samuel W. Redifer*

9. Father's Occupation, *School Teacher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *H. F. Hill, M.D.*

Address, *443 Franklin St.*

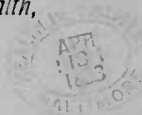
Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

6285A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) — *Second* —
 1. Sex (state whether Male or Female) — *Male* —
 2. Race or Color (if not of the white race) — *White* —
 3. Date of Birth — *April 11. - 1883.* —
 4. Place of Birth (Street and Number) — *176 George St.* —
 5. Full Name of Mother — *Emma Michael* —
 6. Mother's Maiden Name — *" Wahn.* —
 7. Mother's Birthplace — *City* —
 8. Full Name of Father — *Charles Michael* —
 9. Father's Occupation — *Barber* —
 10. Father's Birthplace — *City* —
 Name of Medical Attendant, or other Person who makes this Return. — *Wm. A. B. Sellman M.D.*
 Address — *Carmolton Ave., and Laureate St.,*
 Remarks

1. By any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62851

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 April

4. Place of Birth. (Street and Number)

4 Broad Alley

5. Full Name of Mother.

Lizzie Brandt

6. Mother's Maiden Name,

Kippel

7. Mother's Birthplace,

Germany

8. Full Name of Father

Boldassett Brandt

9. Father's Occupation,

Labourer

10. Father's Birthplace.

Germany

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street D.

Remarks,

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62852

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 11th 1888

4. Place of Birth, (Street and Number)

Baltimore Woodward St. No. 32

5. Full Name of Mother,

Essie Merson

6. Mother's Maiden Name,

Freeman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Merson

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkin St.

Remarks,

Give any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62802

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 11th

4. Place of Birth, (Street and Number)

609 Hanover St

5. Full Name of Mother,

Fancy Ellick

6. Mother's Maiden Name,

" Bryant

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

Isaac Ellick

9. Father's Occupation,

Glass Blower

10. Father's Birthplace,

New Jersey

Name of Medical Attendant, or other Person who makes this Return

J. C. Burch M.D.

Address,

151 Hanover St

Remarks,

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62504

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

April 11th 1883

484 Eastern Ave. E.

Ada McShane

Ada Rogers

Baltimore

Wm. McShane

Manufacturer

Baltimore

Wm. McShane

121 W. Lombard St.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62155

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 12th

4. Place of Birth, (Street and Number)

5-43 Franklin

5. Full Name of Mother.

Mrs. Elij. High Shicknall

6. Mother's Maiden Name.

High

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Chas Shicknall

9. Father's Occupation,

Carpenter

10. Father's Birthplace.

Ind

Name of Medical Attendant,

or other Person who makes this Return

Hy. J. Hill

Address,

443 Franklin

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, actively, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62807
62856

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR
26
1883

No. of Child of Mother, (state whether 1st, 2nd, &c.)

1. Sex (state whether male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

White

April 12th 1883

349 E. Baltimore St

Sophia Lecompte

Sophia Kormier

Baltimore City Md

Humphrey Billup Lecompte

Pilot

Baltimore City Md

Nicholas L. Dashiell, Sr

207 S. Broadway

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12 April

4. Place of Birth, (Street and Number) 45 Holland St

5. Full Name of Mother, Maggie Taylor

6. Mother's Maiden Name, Barickmann

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Samuel Washington Taylor

9. Father's Occupation, cigar maker

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Rosa H. H. H.
48 Holland St
Balt.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62808

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 12th of April
4. Place of Birth, (Street and Number) 2704 Howard St.
5. Full Name of Mother, Elizabeth Catherine Roeder
6. Mother's Maiden Name, Ginther
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Roeder
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Leipzig
- Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby
- Address. 369 Cathedral St.
- Remarks, _____

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 12th 1883

4. Place of Birth, (Street and Number)

208 S. Bond st.

5. Full Name of Mother,

Barbara Storch

6. Mother's Maiden Name,

" Ernst

7. Mother's Birthplace,

8. Full Name of Father,

Jacob Storch

Germany

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6286a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
21
1903

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 12, 1883

4. Place of Birth, (Street and Number)

191 1/2 Pennsylvania Ave

5. Full Name of Mother.

Sarah Corran

6. Mother's Maiden Name.

Sarah Robinson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

John Corran

9. Father's Occupation,

Carriage Maker

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. A. Meszgul

Address,

345 Pennsylvania Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62861

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 12th 1883*
 4. Place of Birth, (Street and Number) *No 114 W. Spring St.*
 5. Full Name of Mother, *Annia Peacock*
 6. Mother's Maiden Name, *Annia Fish*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Wm Peacock*
 9. Father's Occupation, *Huckster in Market.*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *H. B. D. M. A. Byrd*
 Address, *No. 185 S. E. cor. Central w. Monument St.*
 Remarks, *All Well*

that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62862

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

April 12th 1883

4. Place of Birth, (Street and Number)

172 Elliott street (contos)

5. Full Name of Mother.

Rosa Gallinger

6. Mother's Maiden Name.

Rosa Wilkars

7. Mother's Birthplace.

Biearm Germany

8. Full Name of Father.

Martin Gallinger

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Biearm Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Gullers

Address,

104 Barclay Street contos

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr 12 - 83

4. Place of Birth, (Street and Number)

3 N. High St.

5. Full Name of Mother,

Charlotte Douglas

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return

Mrs E. P. Marshall

Address,

Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12th of April*
4. Place of Birth, (Street and Number) *6 C. Donnell St. Canton*
5. Full Name of Mother, *Lufie Bohner*
6. Mother's Maiden Name, *Heifer*
7. Mother's Birthplace, *Baravia (Germ)*
8. Full Name of Father, *Peter Bohner*
9. Father's Occupation, *Labeln*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *J. Behnken Midwife*
- Address, *54 Essex St.*
- Remarks,

and any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62865

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 12th 1883

4. Place of Birth, (Street and Number)

166 Hamburg St.

5. Full Name of Mother,

Elise Link

6. Mother's Maiden Name,

Jacob

7. Mother's Birthplace,

America

8. Full Name of Father,

Adam Link

9. Father's Occupation,

Tailor

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwartz wife

Address,

330 Hanover St.

Remarks,

Physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62866

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child.
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 12 - 1883

4. Place of Birth, (Street and Number)

148 Gross St.

5. Full Name of Mother

Elizabeth Hoffman

6. Mother's Maiden Name,

Kaiser

7. Mother's Birthplace,

America

8. Full Name of Father,

William Hoffman

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife
330 Hanover St.

Address,

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62867

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 12, 1913

4. Place of Birth, (Street and Number)

179 N. Wolfe St.

5. Full Name of Mother,

Anna A. Martin

6. Mother's Maiden Name,

Wilson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John B. Martin

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mary Ann Allwell

Remarks, 286 N. Donagh St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62888

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *April 12th 1883*
4. Place of Birth, (Street and Number) *No. 112 Pine Street*
5. Full Name of Mother, *Ellen Newman*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Anna Randel County, Md*
8. Full Name of Father, *Peter Newman*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Harford County, Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Deborah Thomas*
- Address, *71 Burgundy ally*
- Remarks, _____

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62869

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 12th

4. Place of Birth, (Street and Number)

5-43 7th Avenue

5. Full Name of Mother,

Mrs. Eliza Spracknell

6. Mother's Maiden Name,

" High

7. Mother's Birthplace,

MD

8. Full Name of Father,

Chas A Spracknell

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

MD

Name of Medical Attendant, or other Person who makes this Return

H J Hill M.D.

Address,

1443 7th Avenue

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62870

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

APR
1923

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Thursday 12.4.1923

4. Place of Birth, (Street and Number)

262 McDowell St

5. Full Name of Mother

Elizabeth Keys

6. Mother's Maiden Name,

Elizabeth Brown

7. Mother's Birthplace,

Lawrenceburg, Virginia

8. Full Name of Father,

John Keys

9. Father's Occupation,

Shaverdor

10. Father's Birthplace,

Charleston

Name of Medical Attendant, or other Person who makes this Return

Lucander Woolfack

Address,

130 Regester St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62871

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 12 1883

4. Place of Birth, (Street and Number)

331 Canton St

5. Full Name of Mother,

Mary Wiest

6. Mother's Maiden Name,

Mrs. Wigston

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ernst Wiest

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. E. Gray

Address,

193 Chester

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

Seventh
Female
Colored
April 12 1883
No. 310 Booth Street
Elizabeth Johnson
Elizabeth Coladay
Harford County
James Johnson
Labourer
Harford County
Mary Jane Richardson
No. 212 Dover Str.
Mother & Child doing well.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62873

*To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.*

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d Delivery 3^d & 4th Children
1. Sex (state whether Male or Female) Male & Female
2. Race or Color (if not of the white race) American (White)
3. Date of Birth April 12th 1883.
4. Place of Birth (Street and Number) 217 Hollin St.
5. Full Name of Mother Minnie Hoas
6. Mother's Maiden Name " Andreae
7. Mother's Birthplace Baltimore County, Md.
8. Full Name of Father John H. Hoas.
9. Father's Occupation Baker
10. Father's Birthplace Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return. J. H. W. Fayette Esq.
Address
Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

19

RETURN OF A BIRTH

628711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 12 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2d
Male
White
April 12th
173 W. Lombard St.
Fanny Woodstock
Fanny Winters
Virginia
Isaac Woodstock
Merchant
Bottoms
H. Woodstock
No. 2. Cathedral St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 12/83.

4. Place of Birth, (Street and Number)

71 Parkin St

5. Full Name of Mother,

Mary Cairney Murray

6. Mother's Maiden Name,

Mary Cairney -

7. Mother's Birthplace,

Balti Co. Md.

8. Full Name of Father,

Michael Murray

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Thos Opie M.D.

Address,

39 N. Carey St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 12, 1883

4. Place of Birth, (Street and Number)

25 Patterson Lane

5. Full Name of Mother,

Annie Howards

6. Mother's Maiden Name,

Murray

7. Mother's Birthplace,

Kent Co., Md.

8. Full Name of Father,

Major Howards

9. Father's Occupation,

Student

10. Father's Birthplace,

Annand, Maryland

Name of Medical Attendant, or other Person who makes this Return

D. C. Lamm, M.D.

Address,

24 S. E. End Ave. St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62877

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Sunday night 10 Dec
4. Place of Birth, (Street and Number) 14 Bond St
5. Full Name of Mother, Susan ~~Thompson~~ Susan Martin
6. Mother's Maiden Name, Susan Landring
7. Mother's Birthplace, Prince Georges County Maryland
8. Full Name of Father, Franklin B. Martin
9. Father's Occupation, Painter 79 Charles St and
10. Father's Birthplace, Chambersburg Pennsylvania
- Name of Medical Attendant, or other Person who makes this Return, Emily Carnish
- Address, 157 Franklin ally
- Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 12th 1883

4. Place of Birth (Street and Number)

347 Penna Ave

5. Full Name of Mother

Alice K Tucker

6. Mother's Maiden Name

Bunting

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Jas T Tucker

9. Father's Occupation

Cutter (Tailor)

10. Father's Birthplace

Cambridge Med

Name of Medical Attendant, or other Person who makes this Return.

Elias C Price M.D.

Address

262 Madison Ave

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62879

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

12 April

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Leorgemma Rice

6. Mother's Maiden Name,

Leorgemma Williams

7. Mother's Birthplace,

Edes County, Va.

8. Full Name of Father,

Thomas Rice

9. Father's Occupation,

Coal

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return

Mrs Annie Johnson

Address,

22 Peach st

821 7/20/00

Remarks,

During well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female) ..

male

2. Race or Color, (if not of the white race) ..

Colored

3. Date of Birth, ..

April

12

4. Place of Birth, (Street and Number) ..

no 5 Mulberry St

5. Full Name of Mother, ..

Sarah Elizabeth Hickman

6. Mother's Maiden Name, ..

Marlatt

7. Mother's Birthplace, ..

Prince George Co. Md

8. Full Name of Father, ..

John Hickman

9. Father's Occupation, ..

day Laborer

10. Father's Birthplace, ..

Same

Name of Medical Attendant, or other Person who makes this Return

Charity Jones

Address, ..

40 Hargrave St. Ly

Remarks, ..

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62881

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 12th 1883

4. Place of Birth, (Street and Number)

Baltimore Columbia Av. 20

5. Full Name of Mother,

Mary Bently

6. Mother's Maiden Name,

Tracy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Bently

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkin st.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 12th 1883

4. Place of Birth, (Street and Number)

Baltimore Holland. St. No. 10

5. Full Name of Mother,

Rate Skulley

6. Mother's Maiden Name,

" Gallagher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Skulley

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 38 Parkin St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. *Full Name of Mother*C. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

SEVENTH.—And be it further enacted and ordained, That every person practising midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be required to enter a correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her commission during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if born alive, and the name and occupation of the parents, the day and hour of its birth, and the place of its birth, and the said schedule shall be delivered, duly filled up, to the Commissioner, between the first and third day of each and every month to the Board of Health, in whose office the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, and should in other persons be at attendance upon the mother, immediately thereafter, if shall then become the duty of the said practitioner to report forth to the Board of Health, in the manner, and at the time, and to the persons, respectively required, such report, and the said schedule, and the said practitioner, within the period aforesaid, shall be liable to a fine of not less than five dollars, and not more than ten dollars, for each offence, to be recovered as other fines and penalties are recoverable.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

628804

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
Sex (state whether male or female) Female
Race or Color (if not of the white race) White
Date of Birth 13
Place of Birth (Street and Number) 31 Lehigh St
Full Name of Mother Roelbecke Shields
Mother's Maiden Name Roelbecke Perry
Mother's Birthplace Baltimore
Full Name of Father James Shields
Father's Occupation Clock-maker
Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs Ruth Colburn
Address 674 West Pratt St
Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 of April 1883

4. Place of Birth, (Street and Number)

61 Dunking st

5. Full Name of Mother,

Robert Mcallister

6. Mother's Maiden Name,

Gruhn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Mcallister

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park dr

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday, April 13th 1883.
4. Place of Birth, (Street and Number) 41 N. Bond St.
5. Full Name of Mother, Virginia S. Gentry
6. Mother's Maiden Name, Virginia S. Garrett,
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, David Marion Gentry,
9. Father's Occupation, Sailor
10. Father's Birthplace, Balt. Md.
Name of Medical Attendant, or other Person who makes this Return, Wilmer Dinton M.D.
Address, 25 1/2 Greenmount av.
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Apr 13*

4. Place of Birth, (Street and Number) *31 Short St*

5. Full Name of Mother, *Susan J Johnson*

6. Mother's Maiden Name, *Luren J Collins*

7. Mother's Birthplace, *Easton Talbott County*

8. Full Name of Father, *Geo William Perry Johnson*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Williams Md*

Name of Medical Attendant, or other Person who makes this Return *Mrs Lesh Johnson*

Address, *No 31 Short St*

Remarks, *Healthy Child*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH *62888*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *April 13th 1883*
4. Place of Birth, (Street and Number) *No 66 Burgundy ally*
5. Full Name of Mother,
6. Mother's Maiden Name, *Mary Weems*
7. Mother's Birthplace, *Robert Calvert County Maryland*
8. Full Name of Father, *Not Known*
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return *Deborah Thomas*
- Address, *11 Burgundy ally*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 13, 1884

4. Place of Birth, (Street and Number)

No. 19, Chen. St.

5. Full Name of Mother,

Emma Bond

6. Mother's Maiden Name,

Emma Fitzpatrick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Fitzpatrick

9. Father's Occupation,

Stone Mason

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Christina Lauer

Remarks,

173. Harper row

1885

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62890

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
16
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10 Feb

4. Place of Birth, (Street and Number)

232 Pierce St

5. Full Name of Mother

Mrs. August Luciana

6. Mother's Maiden Name

Miss Jennie Russell

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

August Luciana

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Va.

Name of Medical Attendant,

or other Person who makes this Return

H. F. Hill M.D.

Address,

443 1/2 Franklin St.

Remarks,

normal presentation; both doing well

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *62891*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. *April 14th 1883*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 13th 1883*

4. Place of Birth, (Street and Number) *137 Wolfe St.*

5. Full Name of Mother, *Carrie Franz*

6. Mother's Maiden Name, *Carrie Buegel*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Valentin Franz*

9. Father's Occupation, *Cutter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend*

Address, *No. 137 E. Wolfe St.*

Remarks, *—*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

67892

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 12, 1883

4. Place of Birth, (Street and Number) 217 Battery Avenue Balt. Md

5. Full Name of Mother, Rachel Reynolds

6. Mother's Maiden Name, Rachel Preston

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Reynolds

9. Father's Occupation, Laborer

10. Father's Birthplace, Port Deposit Harrede Grace

Name of Medical Attendant, Mrs. Nash

or other Person who makes this Return

Address, 157 Johnson St. Balt. Md.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) White — American —
 3. Date of Birth April 13. 1883.
 4. Place of Birth (Street and Number) 142 Mulberry St.
 5. Full Name of Mother Mary E. Fitcher
 6. Mother's Maiden Name " " Duber
 7. Mother's Birthplace Baltimore,
 8. Full Name of Father Wm. J. Fitcher
 9. Father's Occupation Clerk
 10. Father's Birthplace Baltd. Ind.
 Name of Medical Attendant, or other Person who makes this Return. J. S. Smith M.D.
 Address 584 W. Fayette St.
 Remarks

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

62894

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 22 Birmie St 4¹⁰ A.M. April 13th 1883
4. Place of Birth, (Street and Number) 22 Birmie St
5. Full Name of Mother Johanna Cardwell
6. Mother's Maiden Name Johanna Jensen
7. Mother's Birthplace Baltimore City
8. Full Name of Father Thomas Cardwell
9. Father's Occupation Seaman
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. J. E. Trickett M.D.
- Address 28 O'Donnell St
- Remarks Hard and tedious labor. Dilivered with forceps
both Mother and Child are doing well now

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

GIVEN NAME ADDED 8-36-55
RETURN OF A BIRTH

62890

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Florence Hardcastle Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 13 1883

4. Place of Birth, (Street and Number)

184 Saratoga St

5. Full Name of Mother,

Florence Brown

6. Mother's Maiden Name,

Florence Hardcastle

7. Mother's Birthplace,

Missouri

8. Full Name of Father,

E Herman Brown

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr Jenkins

Address,

2 Cathedral St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62896

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

4

APR
14
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 13th 1893*

4. Place of Birth, (Street and Number) *No 712 St. Fayette St.*

5. Full Name of Mother, *Mary Rose Nicolai*

6. Mother's Maiden Name, *" " Horner*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Dr. Henry Nicolai*

9. Father's Occupation, *Oil Refiner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Emmett M. Noble M.D.*

Address, *No 205 St. Lombard St.*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62897

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 13th 1883*
4. Place of Birth, (Street and Number) *No 43 East Lombard St*
5. Full Name of Mother, *Mary Levi*
6. Mother's Maiden Name, *Mary Stern*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Kauffman Levi*
9. Father's Occupation, *Tinner*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Casper*
Address, *No 72 East Lombard St*
Remarks, *Six month child died half hour after birth from weakness*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

Colored race.

April 13 1888

Baltimore No 18 New street

Julia Emma Gibson

Julia A. Williams

Ohio Landing

James Henry Gibson

Boiling

Baltimore M D

Mr Annie Johnson

No 94 Tyson street

Doing well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62899

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3.*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

13 April

4. Place of Birth, (Street and Number)

17 E. Baltimore street

5. Full Name of Mother, ...

Lizzie Scheffer

6. Mother's Maiden Name,

Elerich

7. Mother's Birthplace,

Germany

8. Full Name of Father, ...

George Scheffer

9. Father's Occupation, ...

labourer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62900

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 18th 1883

4. Place of Birth, (Street and Number)

Baltimore Boyd St. N^o. 24

5. Full Name of Mother.

Mary. Lupton

6. Mother's Maiden Name.

" Flannery

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

James. Lupton

9. Father's Occupation,

Brick-Layer

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o. 58 Parkin St.

Remarks,

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

62901

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth April 13, 1883
 4. Place of Birth (Street and Number) 207 N. Bond St.
 5. Full Name of Mother Katerina F. Madky
 6. Mother's Maiden Name Katerina Brabeo
 7. Mother's Birthplace Bohemia
 8. Full Name of Father Lucwik Madky
 9. Father's Occupation Shoe maker
 10. Father's Birthplace Bohemia
 Name of Medical Attendant, or other Person who makes this Return. Katerina Pazourek
 Address 41 Abbott St
 Remarks Born Live

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

62902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 14, 1883
4. Place of Birth (Street and Number) 1217 Myrtle St.
5. Full Name of Mother Alice Harrison
6. Mother's Maiden Name Alice Johnson
7. Mother's Birthplace Somerset Co. Md
8. Full Name of Father George H. Harrison
9. Father's Occupation Salesman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John C. Harris M.D.
- Address No. 360 Lexington St.
- Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62903

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 14th 1893

4. Place of Birth, (Street and Number)

72 Canton Ave

5. Full Name of Mother,

Katie Snuffard

6. Mother's Maiden Name,

Plassy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Snuffard

9. Father's Occupation,

Labrer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14 April

4. Place of Birth, (Street and Number)

2408 Street No 32

5. Full Name of Mother,

Kathe Kock

6. Mother's Maiden Name,

" " Mink

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kock

9. Father's Occupation,

Shuhmayer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Maurer

Address,

Remarks,

Longw. Street No 218

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 April

4. Place of Birth, (Street and Number)

Es. 9 Street No. 9

5. Full Name of Mother,

Theresia von Rinden

6. Mother's Maiden Name,

" " Ohle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Theodor von Rinden

9. Father's Occupation,

Tadler

10. Father's Birthplace,

Volkanasen Hesson

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mauser

Address,

Remarks,

Lombard Street No. 8

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 62706

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether male ~~or female~~) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *April 14th 1883*
4. Place of Birth, (Street and Number) *261 S. W. corner Broadway*
5. Full Name of Mother *Maria T. Grothaus*
6. Mother's Maiden Name *Maria T. Richter*
7. Mother's Birthplace *Baltimore City Md.*
8. Full Name of Father *Nicholas G. Grothaus*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Prussia, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Nicholas L. Dashiell, Sr.*
- Address *207 S. Broadway*
- Remarks _____

APR
26
1883

RETURN OF A BIRTH 62907

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 14th 1888*

4. Place of Birth, (Street and Number) *No 12 E. Ball St*

5. Full Name of Mother, *Mrs. Kate Lowenstein*

6. Mother's Maiden Name, *Taylor*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Phil Lowenstein*

9. Father's Occupation, *Box Keeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Gritzner*

Address, *No 55 S. Bond St*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62908

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

April 14 1883

4. Place of Birth, (Street and Number)

123 Stirling Street

5. Full Name of Mother.

Elizabeth Jones

6. Mother's Maiden Name.

Elizabeth Masters

7. Mother's Birthplace.

Charmack County Va

8. Full Name of Father.

Benjamin Jones

9. Father's Occupation.

Common Horse Labor

10. Father's Birthplace.

Lynchburg Va

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Styles

Address.

111 Stirling St

Remarks.

62909

BALTIMORE CITY.

66-

- Apr 14 83
Oleander No 371
Meggelene Engelmann
Winkler
Bull
Gary Engelmann
Taper
Bull
My Rich. Pinchot
St. Joseph No 14

My dear Pruebs
 I hope you are well

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

02910

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
16
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

22nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 14th 1883

4. Place of Birth, (Street and Number)

107 Chapman St

5. Full Name of Mother,

Louisa S. Spangard

6. Mother's Maiden Name,

" Hamelwitz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

H. P. Casper Richardt

9. Father's Occupation,

10. Father's Birthplace,

P. Pottier
Shedden Co. N. Y.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

62911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Robert F. Austin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
White
April 14th 1893
J. G. Bidwell
Mary Austin
Schroeder
Baltimore
Wm. F. Austin
Baltimore
Washington D.C.
Frederick Cook

APR 16 1893

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62912

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) white
 3. Date of Birth April 14th 1883.
 4. Place of Birth (Street and Number) 12 Summit St.
 5. Full Name of Mother Elinora Paine
 6. Mother's Maiden Name " Gosnell
 7. Mother's Birthplace Pa.
 8. Full Name of Father John F. Paine
 9. Father's Occupation Clerk
 10. Father's Birthplace Pa.
 Name of Medical Attendant, or other Person who makes this Return. J. G. Lenthicum M.D.
 Address 824 W. Fayette St.
 Remarks

RETURN OF A BIRTH

62912

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *14. of April*
4. Place of Birth, (Street and Number) *No. 34 New Church Street*
5. Full Name of Mother, *Jessie Maudsley*
6. Mother's Maiden Name, *Jessie Thomas*
7. Mother's Birthplace, *Montgomery County, Md.*
8. Full Name of Father, *Henry Maudsley*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Hartford County Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Isaac Penington*
- Address, *No. 94. Gasper Street.*
- Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62914

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *George Bailey, Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Six month old Last of this month*
4. Place of Birth, (Street and Number) *No 26 Smith St*
5. Full Name of Mother, *Mary Bailey*
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return
- Address
- Remarks

RETURN OF A BIRTH *62910*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th child
Male

April 14th 1885
No 292 S. Charles St.

Fanny Hassel
Winter

Germany
Carl Hassel
Restaurant

Germany
J. Schwasser midwife
330 Thacker St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children, the name of the mother, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Second copy of this certificate is to be retained in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62916

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

April 14th 1883

APR 20 1883

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Baltimore

4. Place of Birth, (Street and Number)

519 1/2 Chestnut St

5. Full Name of Mother,

Anna Mc. Donnell

6. Mother's Maiden Name,

Anna Maredock

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Mc. Donnell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

Address,

143 1/2 Chestnut Street

Remarks,

L. E. Gray

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62917

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) ..

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

14 April

4. Place of Birth, (Street and Number)

98 Orlean street.

5. Full Name of Mother, ..

Julia Kella

6. Mother's Maiden Name,

Beck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father, ..

William Kella

9. Father's Occupation,

Clerk

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street.

Remarks.

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, necroticneur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62918

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th & 6th*
1. Sex (state whether ~~Male~~ or Female) *(Twin) Females.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 15th 1883*
4. Place of Birth (Street and Number) *247 William St.*
5. Full Name of Mother *Mrs Hannah J. Dorsey*
6. Mother's Maiden Name *Miss Hannah J. Guther*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *Charles H. Dorsey*
9. Father's Occupation *Locomotive Engineer*
10. Father's Birthplace *Balto. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm W. K. Korman, M.D.*
- Address *Arlington & Hudson Ave.*
- Remarks

"Think any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62919

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
28
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

310 N. Anne St.

4. Place of Birth, (Street and Number)

April 15-1883

5. Full Name of Mother,

Sophia E. Pelchen

6. Mother's Maiden Name,

Bernhard

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Howard E. Pelchen

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 286 N. Donagh St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62920

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 15th 1883

4. Place of Birth, (Street and Number)

Maternity Hosp'l - 141 N. Lombard

5. Full Name of Mother,

Lizzie Logan

6. Mother's Maiden Name,

Pennsylvania

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

J. P. M. Dutch M.D.

Address,

141 N. Lombard St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of all births occurring in the City, and shall cause the same to be filed with the Registrar of Births, under the seal of the City, within the time and in the manner prescribed by the Board of Health. This register shall contain the following particulars:—The date of the birth, the sex, color, the full name of the child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the first and third day of each and every month, to the Board of Health. In case the certificate, between the first and third day of each and every month, to the Board of Health, shall be so signed by the midwife, or other person, as to make it impossible for the Board of Health to ascertain the date of the birth, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *whit*
3. Date of Birth, *Apr. 15. 1883*
4. Place of Birth, (Street and Number) *North one near N. C. R. W.*
5. Full Name of Mother, *Sophia Crowley*
6. Mother's Maiden Name, *" Mason*
7. Mother's Birthplace, *Ind*
8. Full Name of Father, *John Crowley*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Ind*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Lane Tandykell*
- Address, *219 Madison ave*
- Remarks,

RETURN OF A BIRTH

62922

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Birth*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13 April*

4. Place of Birth, (Street and Number) *Hastel Street No. 8*

5. Full Name of Mother, *Magdalena Brenis*

6. Mother's Maiden Name, *" " Lang*

7. Mother's Birthplace, *Kleinheilbad. Darmstadt*

8. Full Name of Father, *Ludwig Brenis*

9. Father's Occupation, *" "*

10. Father's Birthplace, *Darmbad Baden*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Maurer*

Address, *" "*

Remarks, *See last sheet 6298*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62923

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: Clarence H. Horig

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
April 13 1883
C. H. Horig
Maggie J. Horig
W. J. Tall
Baltimore
Edward Horig
R.R. Conductor
Baltimore
Theodore Coker

APR 13 1883

RETURN OF A BIRTH

62924

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 12 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15th April 1883

4. Place of Birth, (Street and Number)

138 Duval Street

5. Full Name of Mother,

Elizabeth Neuer

6. Mother's Maiden Name,

Vornanen

7. Mother's Birthplace,

Hannover Germany

8. Full Name of Father,

Gottlieb Neuer

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Hannover

Name of Medical Attendant, or other Person who makes this Return

Emily Holmes

Address,

33 Duval St

Remarks,

Corrected record of vital statistics in the city of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62925

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *15 of April 1883*
4. Place of Birth, (Street and Number) *96 Chesapeake St.*
5. Full Name of Mother. *Mary Song*
6. Mother's Maiden Name. *Mary Grover*
7. Mother's Birthplace. *Baltimore*
8. Full Name of Father. *Robert Song*
9. Father's Occupation. *Labor*
10. Father's Birthplace. *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*
- Address. *No 12 Patterson Park dr*
- Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62926

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white race*

3. Date of Birth, *Sunday 15*

4. Place of Birth, (Street and Number) *Lakeside Coates Street 104*

5. Full Name of Mother, *Mary Barnes*

6. Mother's Maiden Name, *Mary Witzner*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Julius Barabas*

9. Father's Occupation, *labourer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Sam Thornton 16 Byrd Street*

Address *Salt Lake Baltimore*

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62927

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *April 15 1883*

4. Place of Birth, (Street and Number) *457 Calhoun St*

5. Full Name of Mother, *Josephine Pursell*

6. Mother's Maiden Name, *Josephine Reiser*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Pursell*

9. Father's Occupation, *Coal Dealer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm R. S. McLaughlin*

Address, *375 Pennsylvania Ave*

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62928

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 15, 1883.

4. Place of Birth, (Street and Number)

91 E. Fayette St.

5. Full Name of Mother,

Emma Mitchell

6. Mother's Maiden Name,

Emma Shaw.

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John Mitchell

9. Father's Occupation,

Restaurateur,

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. W. Honck M.D.

Address,

95 E. Baltimore St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62929

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 15th, 1883

4. Place of Birth, (Street and Number)

No. 141 Central av.

5. Full Name of Mother,

Larrah Holt

6. Mother's Maiden Name,

Larrah Dorsey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Holt

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. A. Birtt

Address,

No. 185 S.E. cor. Central av. & Monument St.

Remarks,

All Well

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62930

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2ed.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 15th. 1883*

4. Place of Birth, (Street and Number) *No 325 N. Central av.*

5. Full Name of Mother, *M. A. Feaster*

6. Mother's Maiden Name, *M. A. Goodman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Feaster*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *M. A. Butt*

Address, *No. 185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*

Corrected version of vital statistics of the city of Baltimore.

"That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62931

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 5-15th. 1883*
4. Place of Birth, (Street and Number) *No 552 Harbor*
5. Full Name of Mother, *Kate Wagner*
6. Mother's Maiden Name, *Zett. Hall*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Lew Wagner*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Mr. J. Bull*
Address, *No. 185 S. E. cor Central*
Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62932

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Apr 16

4. Place of Birth, (Street and Number) 1101 E Eldon Court

5. Full Name of Mother, Mary Richardson

6. Mother's Maiden Name, not married

7. Mother's Birthplace, Annera, Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Mrs Leah Johnson

Address, no 31 shant at

Remarks, healthy child

Record of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62933

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 15th

4. Place of Birth, (Street and Number)

150 S. Fremont St

5. Full Name of Mother,

Annie K. Lang

6. Mother's Maiden Name,

Farber

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jacob Lang

9. Father's Occupation,

Shoe-keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. D. Buddenbom M.D.

Address,

140 S. Jaca St.

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Lillie May Broom

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth April 15th 1883

4. Place of Birth (Street and Number)

6 Calverton St.

5. Full Name of Mother

Mary Ann Broom

6. Mother's Maiden Name

Mary J. Harbo

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Levi Edwin Broom

9. Father's Occupation

Tricker

10. Father's Birthplace

Balt. City

Name of Medical Attendant,

or other Person who makes this Return.

James E. Drinnille M.D.

Address

299 S. Baltimore St.

Remarks

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62730

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 15-1883
4. Place of Birth, (Street and Number) 113 Millman St. Balt Md
5. Full Name of Mother, Lizzie Bolden
6. Mother's Maiden Name, Lizzie Johnson
7. Mother's Birthplace, Virginia
8. Full Name of Father, James Bolden
9. Father's Occupation, Carver
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Gast
- Address, 167 Johnson St. Balt. Md.
- Remarks,

"That any physician, apothecary, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *62936*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4.*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

15 April

4. Place of Birth, (Street and Number)

77 Central Avenue.

5. Full Name of Mother,

Mary Henosy

6. Mother's Maiden Name,

Moldany

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Arthur Henosy

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62937

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Henry Hartung*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2.*

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

15 April

4. Place of Birth, (Street and Number)

143 S. Bond st.

5. Full Name of Mother,

Pauline (Harten) Hartung

6. Mother's Maiden Name,

(Hogen) Hagen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry (Harten) Hartung

9. Father's Occupation,

Shoe-maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62938

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Our Child.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 15th 1883

4. Place of Birth, (Street and Number)

116 Regester st

5. Full Name of Mother,

Lotter Banton

6. Mother's Maiden Name,

Lotter Coalmon

7. Mother's Birthplace,

Easton Shore

8. Full Name of Father,

Morris Banton

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Easton

Name of Medical Attendant, or other Person who makes this Return

Swender Woodford

Address,

130 Regester

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62939

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15th of April 1883

4. Place of Birth, (Street and Number)

59 North Chappel St.

5. Full Name of Mother,

Gizzie Rabe.

6. Mother's Maiden Name,

Gizzie Leather.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Leather

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel

Address,

77 North Chappel Street per footma Kunkel

Remarks,

Healthy

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62940

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, April 11 1883

4. Place of Birth, (Street and Number) 117 Battery Ave.

5. Full Name of Mother, Mary Thomas

6. Mother's Maiden Name, Susan Schneider

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Thomas

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr. M. A. Callahan

Address, 1324 Lloyd St

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62941

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 10th 1883

4. Place of Birth, (Street and Number)

Baltimore Mulberry St. No. 209

5. Full Name of Mother.

Ida Connely

6. Mother's Maiden Name,

" Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Connely

9. Father's Occupation,

Substitute

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Whitehall

Address,

11th 3rd Parker St.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1894/2

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Apr 15th 88

4. Place of Birth, (Street and Number)

236 Raleigh St

5. Full Name of Mother,

Martha J Robinson

6. Mother's Maiden Name,

" " Copeland

7. Mother's Birthplace,

Montgomery Co Md

8. Full Name of Father,

Geo H Robinson

9. Father's Occupation,

Carter

10. Father's Birthplace,

Montgomery Co Md

Name of Medical Attendant, or other Person who makes the Return

W. H. Nelson M.D.

Address,

1410 E. Calhoun

Remarks,

Went Labor Instrumental Hand Present

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report in the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62943

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 16th 1883

4. Place of Birth, (Street and Number)

No 352 Aliciauna St.

5. Full Name of Mother,

Mrs Ruth Jones

6. Mother's Maiden Name,

Miss Ruth Grazier

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Eugene Jones

9. Father's Occupation,

Ship-carpenter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who make this Return

Mrs Rachel A. Garrett

Address,

No 65 Burke St.

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62944

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 16th

4. Place of Birth, (Street and Number) 51 S. Arlington Ave

5. Full Name of Mother, Mrs. Ella Kauffman

6. Mother's Maiden Name, " Dunn

7. Mother's Birthplace, Md

8. Full Name of Father, John W. Kauffman

9. Father's Occupation, Truckmaker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return

Dr. F. Hill Md

Address,

448 E. Franklin St

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62945

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, be or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62946

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16th 1893
4. Place of Birth, (Street and Number) No 358 Madison St.
5. Full Name of Mother, Minnie Beulah Marcus
6. Mother's Maiden Name, " " Sykes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Henry Marcus
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Pembroke St. Womble M. D.

Address,

No 205 W. Lombard St.

Remarks,

correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62947

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16th of April 1885

4. Place of Birth, (Street and Number) 5-3rd St. W.

5. Full Name of Mother, Mrs. Glusenski

6. Mother's Maiden Name, Miss Johren

7. Mother's Birthplace, Pohornian

8. Full Name of Father, Frank Glusenski

9. Father's Occupation, Worker

10. Father's Birthplace, Pohornian

Name of Medical Attendant, or other Person who makes this return Dr. J. H. Miller

Address, 1217 N. 1st St.

Remarks, _____

4 APR 1885

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

62948

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*
(state whether Male or Female) *Female*
Race or Color (if not of the white race) *White Irish*
Date of Birth *April 16th 1903*
Place of Birth (Street and Number) *60 Mulberry St*
Name of Mother *Catherine Barron*
Mother's Maiden Name *McElroy*
Mother's Birthplace *Ireland*
Name of Father *Richard Barron*
Father's Occupation *Carpet Porter*
Father's Birthplace *Michigan*
Name of Medical Attendant, or other Person who makes this Return. *J. R. Sweeney M.D.*
Address *167 Park St*
Remarks

RETURN OF A BIRTH.

62949

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 *child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *16. of April*
4. Place of Birth (Street and Number) *1161 Walker*
5. Full Name of Mother *Maggie Schmidt*
6. Mother's Maiden Name *Maggie Gais*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Schmidt*
9. Father's Occupation *labor hard.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Straving*
- Address *No. 60 Parrish St*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

12950

born, its of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 16th 1883

4. Place of Birth, (Street and Number)

70 45 Bradford Alley
Elizabeth Ulrich

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

" Shellhaas Germany
Hartman Ulrich
Laborer

9. Father's Occupation,

10. Father's Birthplace,

Mrs Elizabeth Bank Germany
122 Bank St

Name of Medical Attendant,

Address,

Remarks,

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

62950

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 16th 1883

4. Place of Birth, (Street and Number)

70 45 Bradford Alley

5. Full Name of Mother,

Elizabeth Ulrich

6. Mother's Maiden Name,

" Juelhaas

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Karlman Ulrich

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

122 Bank St

Remarks,

born, lie or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62951

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 16th 1883

4. Place of Birth, (Street and Number)

22 Shuter st

5. Full Name of Mother,

6. Mother's Maiden Name,

Sarah Margaret Johnson
Easton shore

7. Mother's Birthplace,

8. Full Name of Father,

Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Lucius W. Woodford

Address,

130 Regester st

Remarks,

RETURN OF A BIRTH

62952

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12 *plus*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

race color

3. Date of Birth,

4. Place of Birth, (Street and Number)

4444 Main St. Cal.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Emma Taylor
Hobart Cal
John Smith
hard labor
Baltimore Md
Jury Emma 16
good all*

learn, the of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

62913

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

7

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 April 38 Richmond street

4. Place of Birth, (Street and Number) 36 Richmond street

5. Full Name of Mother, Marcella Reagan

6. Mother's Maiden Name, Behan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Reagan

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who make this Return

C B Grumble

Address,

59 Cathedral

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

62954

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 16th 1883*
4. Place of Birth (Street and Number) *No. 252 W. Fayette st.*
5. Full Name of Mother. *Alice Maynard Tucker*
6. Mother's Maiden Name *Alice Maynard Driven*
7. Mother's Birthplace *Fredricks County Maryland*
8. Full Name of Father *Philip Davis Tucker*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Washington Distric of Columbia*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Johnson M.D.*
- Address *No. 262 Searge st.*
- Remarks

advise at the time of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name of the mother, and the name of the father, and the name of the mother of such child or children.

RETURN OF A BIRTH

62950

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 16th 1883.

4. Place of Birth, (Street and Number)

192 Madison Ave.

5. Full Name of Mother,

Susan May Ferguson

6. Mother's Maiden Name,

Susan May Dickey

7. Mother's Birthplace,

Baltimore County Md

8. Full Name of Father,

Wm Ferguson

9. Father's Occupation,

Latimer

10. Father's Birthplace,

Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return

D. Robert Johnson

Address,

70 Cathedral St Baltimore

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12956

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Birth, sex of child, place of birth, name of mother, name of father, name of medical attendant, name of person who makes this return, name of child, name of mother, name of father, name of medical attendant, name of person who makes this return, name of child, name of mother, name of father, name of medical attendant, name of person who makes this return.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Birth

2. Sex, (state whether male or female)

Boi. Still-born

3. Race or Color, (if not of the white race)

White

4. Date of Birth.

17 April

5. Place of Birth, (Street and Number)

Kastel Street No. 48

6. Full Name of Mother.

Mari Boessekamp

7. Mother's Maiden Name.

" " Heerlein

8. Mother's Birthplace.

Breitbach Prussia

9. Full Name of Father.

Friedrich Boessen Kamp

10. Father's Occupation.

Banner

11. Father's Birthplace.

Osnabruck Hanover

Name of Medical Attendant, or other Person who makes this Return

Mrs. Maria

Address,

Remarks,

Lombard Street No. 48

Is born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6247957

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 17th

4. Place of Birth, (Street and Number)

Fort Ave and Jackson St

5. Full Name of Mother,

Maria Otterbein

6. Mother's Maiden Name,

Siemon

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adolph Otterbein

9. Father's Occupation,

Bakery

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

A. S. Buddenbush M.D.

Address,

166 N. Paca St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62958

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 17 of April 1883
4. Place of Birth, (Street and Number) 10 Sedenhall street
5. Full Name of Mother, Harriet Michalson
6. Mother's Maiden Name, Harriet Young
7. Mother's Birthplace, Archester country
8. Full Name of Father, John Young
- Father's Occupation, Unknown
10. Father's Birthplace, Archester country
- Name of Medical Attendant, or other Person who makes this Return Miller Gross
- Address, 12 plum alley
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62909

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 17/88
4. Place of Birth (Street and Number) 157 Cross St
5. Full Name of Mother Sarah Bunday
6. Mother's Maiden Name Sarah Gump
7. Mother's Birthplace Baltimore county Md
8. Full Name of Father William Bunday
9. Father's Occupation laborer
10. Father's Birthplace Essex county Va,
- Name of Medical Attendant, or other Person who makes this Return. Catherine Reley
- Address 414 Market St
- Remarks

RETURN OF A BIRTH, 62960

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth - 4th child
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 17th of April 1893
4. Place of Birth, (Street and Number) Mullikin St. No 67
5. Full Name of Mother Mary Eliza Gillyard
6. Mother's Maiden Name Mary Eliza Hutchins
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles W. Gillyard
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Miss Ann Campbell
- Address No 9 Union Street Baltimore City, Md.
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62961

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 April 1883

4. Place of Birth, (Street and Number)

217 Boston Street

5. Full Name of Mother,

Dora Beuter

6. Mother's Maiden Name,

Dora Miller

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Casper Beuter

9. Father's Occupation,

Hardware Dealer

Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah J. Sullens

Address,

104 Curley Street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

12962

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17th April 1883

4. Place of Birth, (Street and Number)

123 Eusey street

5. Full Name of Mother,

Catherine Bayard

6. Mother's Maiden Name,

Catherine Gabler

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John R. Bayard

9. Father's Occupation,

Iron Worker

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Gullens

Address,

104 Eusey street contn

Remarks.

of the parents, and the maiden name of the mother, and the name, nativity, and residence of the child.

RETURN OF A BIRTH

62962

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

C. 7.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 17th 1883

4. Place of Birth, (Street and Number)

188 Emsor St

5. Full Name of Mother,

Bernadina Maller

6. Mother's Maiden Name,

" Chafer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John G. Maller

9. Father's Occupation,

Tailor.

Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

Regina A. Warner

Address,

186 Harford Ave

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

62964

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Mother (state whether 1st, 2d, 3d, &c.) 4th child
Whether Male or Female female
Color (if not of the white race) white color
Birth 17th April
Birth (Street and Number) 110 2nd Wilson street.
of Mother Dorothea Hartmann
 maiden Name Dorothea Wagner
Birthplace Baltimore
of Father Ambrose Hoffmann
Occupation Bricklayer
Birthplace Prussia
Medical Attendant, or other Person who makes this Return. Henry Hartmann
at 65 south Wolf street
at 2 remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH.

62965

*To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.*

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *female*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race)
3. Date of Birth *April 17*
4. Place of Birth (Street and Number) *133 Langdon*
5. Full Name of Mother *Emma*
6. Mother's Maiden Name *Kaiser*
7. Mother's Birthplace *Balto*
8. Full Name of Father *Luppo Schulte*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Peterawitz md*
- Address *137 Mayette*
- Remarks

RETURN OF A BIRTH *62966*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 17th 1883

4. Place of Birth, (Street and Number)

246 West st.

5. Full Name of Mother,

Wilhelmine Smith

6. Mother's Maiden Name,

Frome

7. Mother's Birthplace,

America

8. Full Name of Father,

William Smith

9. Father's Occupation,

Cigarmaker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife

Address,

330 Hanover st.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62967

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 17th 1883

4. Place of Birth (Street and Number)

295 Millam St

5. Full Name of Mother

Louisa May

6. Mother's Maiden Name

Louisa Benson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John Wray

9. Father's Occupation

Brush-Maker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

O. A. Cooke M.D.

Address

110 Fort Ave

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

62968

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd.*
1. Sex (state whether Ma'e or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Apr. 18th.*
4. Place of Birth (Street and Number) *262 Sharp St.*
5. Full Name of Mother *Jeannette Hall*
6. Mother's Maiden Name *Jeannette Johnson*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *Reverdy Miller Hall*
9. Father's Occupation *Physician*
10. Father's Birthplace *Balto. Md.*
Name of Medical Attendant, or other Person who makes this Return. *L. M. Hall*
Address *262 Sharp St.*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

12970

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) 2. Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who makes this Return

18 April

62 President

Mary Androlata

Chada

Stila

John Androlata

Brinklayer

Stila

Sarah Casper

72. E. Lombard street

RETURN OF A BIRTH

62971

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second

Male

White

April 18th 1883

No 39 Fountain St.

Mrs Mary Sands

Miss Mary Linneman

Baltimore City

Thomas Sands

Plumber

Baltimore City

Mrs Rachel E. Gaynell

No 65 Burke St.

RETURN OF A BIRTH ¹²⁹⁷²

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No 3 Children*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *18 of April*
4. Place of Birth, (Street and Number) *48 Melcom Alley*
5. Full Name of Mother, *Mary Smith*
6. Mother's Maiden Name, *Mary Boon*
7. Mother's Birthplace, *Colvert County*
8. Full Name of Father, *Wm Smith*
9. Father's Occupation, *Stevard*
10. Father's Birthplace, *Colvert County*
- Name of Medical Attendant, or other Person who makes this Return *Miller Gross*
- Address, *12 Plum Alley*
- Remarks, *Plum Alley Miller Gross*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

82973

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 18th 1883

4. Place of Birth, (Street and Number)

105 Leadenhall St.

5. Full Name of Mother

Mary Hurty

6. Mother's Maiden Name,

Feigenze

7. Mother's Birthplace,

America

8. Full Name of Father,

William Hurty

9. Father's Occupation,

Watchman at B. & O. Railroad

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

A. Lohrasser midwife

Address,

330 Hanover St.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62974

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Edward Lee Kestler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth.

April, 18. 1883.

4. Place of Birth (Street and Number)

Cross St. 532

5. Full Name of Mother

Caroline Kestler Kestler

6. Mother's Maiden Name

Caroline Davis

7. Mother's Birthplace

Baltimore Co.

8. Full Name of Father

John D. Kestler Kestler

9. Father's Occupation

Black Smith

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mass. Dr. Shaffer

Address

Bridge St. 114

Remarks

RETURN OF A BIRTH *begun*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *18 April*

4. Place of Birth, (Street and Number) *74 South Howard St*

5. Full Name of Mother, *Kate Krause*

6. Mother's Maiden Name, *" Eisenroth*

7. Mother's Birthplace, *Balt. cld.*

8. Full Name of Father, *William Krause*

9. Father's Occupation, *Taylor*

10. ☒ Father's Birthplace, *Balt. cld.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Rosa Ullig*

Address, *48 Holland St*

Remarks, *Baltimore*

RETURN OF A BIRTH

62976

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18th 1883
4. Place of Birth, (Street and Number) 281 Columbia St.
5. Full Name of Mother, Mary Catherine Ketch
6. Mother's Maiden Name, Gleason
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles Street
9. Father's Occupation, Gas Fitter
10. Father's Birthplace, Balto City
- Name of Medical Attendant, Mary E. Bentley
or other Person who makes this Return.
- Address, 28 Columbia St.
- Remarks, Child living

62977

of the parents, and the maiden name of the mother of such child or children."

- | Name of Medical Attendant,
or other Person who
makes this Return | Address, | Remarks, |
|--|------------------------|----------|
| Lombard, Mr. Wmble, Md. | No 205 St. Lombard St. | |

RETURN OF A BIRTH *b2978*

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 18th 1883

4. Place of Birth, (Street and Number)

1586 Central Ave.

5. Full Name of Mother,

Johanna Emmerich

6. Mother's Maiden Name,

Starig

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Emmerich

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who
makes this Return

Sophia Simon

Address,

1076 Grand St.

Remarks,

RETURN OF A BIRTH.

62977

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *colored race*
3. Date of Birth *Wednesday 18*
4. Place of Birth (Street and Number) *Hager Ave No 3*
5. Full Name of Mother *Carrie Timbers*
6. Mother's Maiden Name *Fannie E Spriggs*
7. Mother's Birthplace *West Virginia*
8. Full Name of Father *John R Timbers*
9. Father's Occupation *farmer*
10. Father's Birthplace *Louden Co Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Richardson*
- Address *212 Dorset St*
- Remarks *mother & child is doing well*

Printed and sold by the Registrar, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62980

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

colored

3. Date of Birth

Wednesday, April 16..83

4. Place of Birth (Street and Number)

162 Vine St.

5. Full Name of Mother

Adelaide Butler

6. Mother's Maiden Name

Adelaide O. Neal

7. Mother's Birthplace

Essex County, Va

8. Full Name of Father

Samuel E Butler

9. Father's Occupation

Printer

10. Father's Birthplace

naples, ~~Florida~~ Ill. Mo.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mary J. Richardson

Address

No 212. Duane St.

Remarks

Nothing Child is doing well

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

62981

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seven Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18 of April 1883

4. Place of Birth, (Street and Number)

16 Odonell St

5. Full Name of Mother,

Mary Hodges

6. Mother's Maiden Name,

Mary Angel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Hodges

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park Dr

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *April 18th 83*

4. Place of Birth, (Street and Number) *125 Pierce St.*

5. Full Name of Mother, *Mary Williams*

6. Mother's Maiden Name, *Mary Eubank*

7. Mother's Birthplace, *Wd*

8. Full Name of Father, *George M Williams*

9. Father's Occupation, *Carter*

10. Father's Birthplace, *Wd*

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

J. Allen M.D.
188 Franklin

of the parents, and the maiden name of the mother of such child or children.

62913

BALTIMORE CITY.

First.

Heale

April 19th 1883

77 Envor St

Louisa B. Bernal

Chorbeien

"Green and

William Abraham Balchard

Polycarpa

Bag. Med.

10. *Ch. Glanville, Kent*

Balt. & Wash. sh

Paternal

.....

RETURN OF A BIRTH

62984

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR
28
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Scotch

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 19 1883

4. Place of Birth, (Street and Number)

308 N. Green St.

5. Full Name of Mother,

Sarah A. Happewell

6. Mother's Maiden Name,

Shuler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John B. Happewell

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other Person who made this Return

Mary A. Allwell

Address, 256 N. Donogh St.

Remarks,

Printed and Stationed by the City of Baltimore, Md.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Lane De Baufre

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *wht*
3. Date of Birth, *Apr 19. 1883.*
4. Place of Birth, (Street and Number) *309 Penna ave; the proper number is 329-*
5. Full Name of Mother, *Kate Lee Baufre*
6. Mother's Maiden Name, *" Maid low*
7. Mother's Birthplace, *md*
8. Full Name of Father, *Wm H Lee Baufre*
9. Father's Occupation, *cigar maker*
10. Father's Birthplace, *md*

Name of Medical Attendant, or other Person who makes this Return

G Lane Parrykin
Address, *219 Madison ave* **DATE MADE ADDED 3-24-53**

Remarks, *7 month child, living on the 2^d of May 1883.*

should no other person be in at instance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, who shall be designated by the Board of Health, and the parent or parents of such child, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

Wet

3. Date of Birth,

14 April

4. Place of Birth, (Street and Number)

Pratt Street No 206

5. Full Name of Mother,

Emm Wambel

6. Mother's Maiden Name,

" " Harris

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Wambel

9. Father's Occupation,

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. Brown

Address,

Remarks,

Lombard Street No 248

RETURN OF A BIRTH, 62987

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR
26
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth 1st Water St. April 19th 1883.

4. Place of Birth, (Street and Number) Water St. 100.

5. Full Name of Mother Sarah Howard

6. Mother's Maiden Name Sarah Smith

7. Mother's Birthplace Spanish Hill Md.

8. Full Name of Father Jacob Howard

9. Father's Occupation Painter

10. Father's Birthplace Cockeysville Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Wallace

Address # 113 Water St. Baltimore

Remarks

RETURN OF A BIRTH

62988

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

23
1893
ULTIMO

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female)

Male child

2. Race or Color, (if not of the white race)

colored child

3. Date of Birth,

April the 19th

4. Place of Birth, (Street and Number)

222 Colinhall st

5. Full Name of Mother,

Martine Langford

6. Mother's Maiden Name,

Bone

7. Mother's Birthplace,

sumner Maryland

8. Full Name of Father,

George Henry Turpin

9. Father's Occupation,

oysterman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Martine Patten M.D.

Address,

Remarks,

of two parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62989

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of ~~Mother~~, (state whether 1st, 2d, 3d, dec.) 2d,

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 19 1883

4. Place of Birth, (Street and Number) 13 Columbia St.

5. Full Name of Mother, Caroline Lieder

6. Mother's Maiden Name, Caroline Ehoff

7. Mother's Birthplace, Germany

8. Full Name of Father, Frederick Lieder

9. Father's Occupation, Prof. of Music

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Schleifer

Address, 20 Columbia St.

Remarks,

Not to be filled out by the Registrar of Vital Statistics

RETURN OF A BIRTH

62990

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *17 April 1883*

4. Place of Birth, (Street and Number) *218 Franklin St.*

5. Full Name of Mother, *Bele*

6. Mother's Maiden Name, *Don't Know*

7. Mother's Birthplace, *va*

8. Full Name of Father, *Don't Know*

9. Father's Occupation, *va*

Father's Birthplace, *va*

Name of Medical Attendant, or other Person who makes this Return *A. A. Thompson M.D.*

Address, *119 N. Charles St.*

Remarks,

RETURN OF A BIRTH

62991

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 2nd child

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19, 1903

4. Place of Birth, (Street and Number) 11 Bond St. 1st Fl.

5. Full Name of Mother, Elisabetha Bardsoph

6. Mother's Maiden Name, Elisabetha Lowley

7. Mother's Birthplace, Philadelphia, Pennsylvania U.S.

8. Full Name of Father, Joseph H. Mandolph

9. Father's Occupation, Baggage Master

Father's Birthplace, Philadelphia, Pennsylvania, U.S.

Name of Medical Attendant,

or other Person who makes this Return

Mary E. Miller

Address, 11 Bond St. 1st Fl.

Remarks,

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 62992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child.*

1. Sex, (state whether male or female) *Boy.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *19th of April 1883.*

4. Place of Birth, (Street and Number) *89 North Washington St.*

5. Full Name of Mother, *Augusta Kerner.*

6. Mother's Maiden Name, *Augusta Gunkel.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *John Gunkel.*

9. Father's Occupation, *Butcher.*

Father's Birthplace, *Germany.*

Name of Medical Attendant, *Cecilia Kunkel.*

or other Person who makes this Return

Address, *71 North Chapel St. Furber & Kunkel*

Remarks, *Healthy.*

of the parents, and the maiden name of the mother of such child or children."

the mother, stating distinctly the date of birth, sex, color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62993

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Coloured*
3. Date of Birth *Apr 19 1883*
4. Place of Birth (Street and Number) *Baltimore Peach alley No 7*
5. Full Name of Mother *Louisa Coal*
6. Mother's Maiden Name *Louisa Glenar*
7. Mother's Birthplace *Eastern shore Va*
8. Full Name of Father *Jefferson Coal*
9. Father's Occupation *laborer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs F Granby*
- Address
- Remarks

RETURN OF A BIRTH

62994

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, April 19th 1883
4. Place of Birth, (Street and Number) No 178 S Broadway
5. Full Name of Mother, Hannah Solomonson
6. Mother's Maiden Name, " June
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Solomonson
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bitt
- Address, 120 Bank St
- Remarks, _____

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62995

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *April 19, 1883*
 4. Place of Birth, (Street and Number) *223 Pierce St*
 5. Full Name of Mother, *Lanisa Kartis*
 6. Mother's Maiden Name, *Lanisa Horale*
 7. Mother's Birthplace, *England*
 8. Full Name of Father, *Johnsan Kartis*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *England*
 Name of Medical Attendant, or other Person who makes this Return *Mrs A Misenich*
 Address, *245 Penna ave*
 Remarks,

"Life parents, and the maiden name of the mother of each child or children."

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62996

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
11
1923

- No. of Child of Mother, (state whether 1st, 2d, 3d, (6c.) *Seventh*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *April 19th.*
4. Place of Birth (Street and Number) *210 Warner Street*
5. Full Name of Mother *Emmaline Turner*
6. Mother's Maiden Name *Emmaline William*
7. Mother's Birthplace *West River*
8. Full Name of Father *John Turner*
9. Father's Occupation *Brick maker*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this return *Abilla K. ...*
- Address *210 South Warner Street*
- Remarks *Doing well.*

RETURN OF A BIRTH

62997

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Second Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *19 of April 1883*

4. Place of Birth, (Street and Number) *19 Port St.*

5. Full Name of Mother, *Jennie Gumpman*

6. Mother's Maiden Name, *Wiman*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Valentine Gumpman*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*

Address, *No 12 Patterson Park dr.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

62798
62998

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 19, 1883.

4. Place of Birth, (Street and Number)

111 S. Exeter St

5. Full Name of Mother,

Louisa Loria Carr

6. Mother's Maiden Name,

Louisa Loria Wright

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Alexander R. Carr

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. W. Henshaw M.D.

Address,

75 E. Balt. St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62999

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
3
1923

Name of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

On this certificate, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *63000*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Truth (3)

*I Male
White*

April 20. - 1883.

20 204. N. Wolf St.

Marie Fitzpatrick

Peterman

Baltimore

Joseph Fitzpatrick

Collector

Baltimore

Josephina Konrad

20. Barnes St.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53001

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *63002*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 20th 1883

4. Place of Birth, (Street and Number)

23 Hull Lane

5. Full Name of Mother,

Maggie Davenport

6. Mother's Maiden Name,

Balto Md

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Harrist Jackson

Address,

5 Forrest St

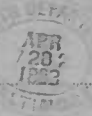
Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13003

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 20 1883

4. Place of Birth, (Street and Number)

15 N. Wolfe St.

5. Full Name of Mother,

Maggie E. Clark

6. Mother's Maiden Name,

W. Grinnick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Abner E. Clark

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Howard

Address, 256 N. Pennsylvania St.

Remarks,

For each birth, fill in the name of the mother of such child or children.

RETURN OF A BIRTH

63004

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

20 April

4. Place of Birth, (Street and Number)

49 Albemarle street

5. Full Name of Mother,

Liza Grogen

6. Mother's Maiden Name,

Muran

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mike Grogen

9. Father's Occupation,

Police

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

In case of illegitimacy, state the full name of the mother of such child or children.

[illegible]

111
3000

24

Male

White

April 20th 1853

no 84 York St

Bridget- Ryger

Gravel

Bottle 17

Joseph J. Ryan

Blacksmith

Ball- mit

E. G. Overbury, Inc.

189 W. Fayette St

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Belknap
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *Byrn*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *whit*
3. Date of Birth, *1:10 A.M. April 20. 1883*
4. Place of Birth, (Street and Number) *51 Mosher*
5. Full Name of Mother, *Anna Byrn*
6. Mother's Maiden Name, *" Freeman*
7. Mother's Birthplace, *Connecticut*
8. Full Name of Father, *Wm M Byrn*
9. Father's Occupation, *Book Keeper*
10. Father's Birthplace, *md*

Name of Medical Attendant, or other Person who makes this Return *G Lane Tanyasia*

Address, *219 Madison Ave.*

Remarks, *GIVEN NAME ADDED. 6-23-83*
n.m.

should not other person be in at residence upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, prescribed by the Board of Health, and the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

13007

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

20. April

4. Place of Birth, (Street and Number)

227 Baltimore Street

5. Full Name of Mother,

Nancy Cooper

6. Mother's Maiden Name,

Beaup

7. Mother's Birthplace,

South Carolina

8. Full Name of Father,

James Cooper

9. Father's Occupation,

Drum.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Annie Johnson

Address,

94 Lysons Street

Remarks,

By this certificate, and the notation made of the mother of such child or children.

RETURN OF A BIRTH *63008*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 20 - 1888

4. Place of Birth, (Street and Number)

57 John St

5. Full Name of Mother,

Ellen Stansbury Maitland

6. Mother's Maiden Name,

Miss Stansbury

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lindley H Maitland

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Carl Winslow

Address,

23 McCulloch St

Remarks,

and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13009

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20 April

4. Place of Birth, (Street and Number)

Kastel Street No 88

5. Full Name of Mother,

Luisa Dingeldein

6. Mother's Maiden Name,

" " Schmidt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Heinrich Dingeldein

9. Father's Occupation,

Garten Baumst.

10. Father's Birthplace,

Hessen

Name of Medical Attendant, or other Person who makes this Return

Mrs. Manier

Address,

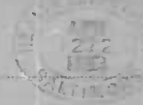
Remarks,

Lombard Street No 27

RETURN OF A BIRTH

63010

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Friday 20 83

4. Place of Birth, (Street and Number) Leadenhall Street

5. Full Name of Mother, Mrs. Jennie Gresham

6. Mother's Maiden Name, (Mrs.)

7. Mother's Birthplace, Calicut, Cochin, W. I.

8. Full Name of Father, Mr. J. Gresham

9. Father's Occupation, carpenter

10. Father's Birthplace, Leadenhall Street

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary A. Rogers

Address, 51 Leadenhall Street

Remarks, is well as usual

RETURN OF A BIRTH.

63011

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 20 1883

4. Place of Birth (Street and Number)

44 Broadway

5. Full Name of Mother

Ellen Mallery Taylor

6. Mother's Maiden Name

Nellie Mallery

7. Mother's Birthplace

New Haven Conn

8. Full Name of Father

John Warren Taylor

9. Father's Occupation

Merchant

10. Father's Birthplace

Stamford Conn

Name of Medical Attendant, or other Person who makes this Return.

Address

Dr. R. W. H. H. H. H. H.

Remarks

71 Franklin St

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH, 13012

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Mother, (state whether 1st, 2d, 3d, &c.) 2d
Whether male or female Male
Color, (if not of the white race) white race
Date of Birth April the 20
Place of Birth, (Street and Number) Baltimore Webster St No 202
Name of Mother Maria Webster
Residence Name Hooper
Place of Birth Baltimore
Name of Father John Webster
Occupation Insurance agent
Place of Birth Somerset Co Md
Physician, Medical Attendant, or other Person who makes this Return. Elizabeth Fleetham
William St No 3044

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63013

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 20, 1883

4. Place of Birth (Street and Number) No. 104 Jefferson St. Baltimore City

5. Full Name of Mother Scholastika Hofffeld

6. Mother's Maiden Name Scholastika Miller

7. Mother's Birthplace Germany

8. Full Name of Father Richard C. Hofffeld

9. Father's Occupation Saloon Keeper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Miller

Address No. 104 Walker St Baltimore Md.

Remarks

RETURN OF A BIRTH

63014

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 20, 1923

4. Place of Birth, (Street and Number)

1126 Dallas St. No. 1126

5. Full Name of Mother,

Liza Heigler

6. Mother's Maiden Name,

Liza Heigler

7. Mother's Birthplace,

Madison Ind.

8. Full Name of Father,

{ { {

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mary E. Miller

Address,

1126 Dallas St. No. 1126

Remarks,

RETURN OF A BIRTH

13015

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1 1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 21, 1903

4. Place of Birth, (Street and Number) Caroline St. No. 87

5. Full Name of Mother, Anna Whitehorst

6. Mother's Maiden Name, Anna Kriepke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Whitehorst

9. Father's Occupation, Captain of the Sea

10. Father's Birthplace, Norfolk, Va. Virginia U.S.

Name of Medical Attendant, or other Person who makes this Return, Mary E. Muller

Address, 11 Dallas St. No. 26

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 20th 1883

4. Place of Birth, (Street and Number)

237 North Filmore St.

5. Full Name of Mother,

Sarah J. Miles

6. Mother's Maiden Name,

" " Burke

7. Mother's Birthplace,

B.C.

8. Full Name of Father,

S. Hamilton Miles

9. Father's Occupation,

Merchant

10. Father's Birthplace,

B.C.

Name of Medical Attendant,

or other Person who
makes this Return

J. Harvey Hill M.D.

Address,

119 Edmondson Avenue

Remarks,

RETURN OF A BIRTH

13017

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday April 20th. 1883.

4. Place of Birth, (Street and Number)

300 Airfaith St.

5. Full Name of Mother.

Mary Virginia Stearns Reynolds

6. Mother's Maiden Name,

Mary Virginia Stearns

7. Mother's Birthplace,

Balti. Md.

8. Full Name of Father,

Henry Miller Reynolds

9. Father's Occupation,

Carpenter.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Wilmer Brinton, M.D.

Address,

20 1/2 Greenmount Ave.

Remarks,

RETURN OF A BIRTH

13018

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Yellow

3. Date of Birth,

Aug. 20, 83

4. Place of Birth, (Street and Number)

61 Grove alley

5. Full Name of Mother,

Mary Ford Miller

6. Mother's Maiden Name,

Not known

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Farmer

9. Father's Occupation,

10. Father's Birthplace,

Kentucky

Name of Medical Attendant, or other Person who makes this Return

Ed S. Klemm M.D.

Address.

Fifty-one Saratoga St.

Remarks,

Bats

Printed and Published by the City of Baltimore, at the Office of the Registrar of Vital Statistics, Board of Health.

RETURN OF A BIRTH

13019

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

44

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr 26 83

4. Place of Birth, (Street and Number)

E. Lombard St. No. 325

5. Full Name of Mother,

Mary Bridgman

6. Mother's Maiden Name,

Blumen

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Joseph Bridgman

9. Father's Occupation,

Victual

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Burchard

Address,

217 N. Wolfe St. No. 14

Remarks,

On the return, and the "Statement of the Mother" at the bottom of the form, the mother must sign her name and the date of birth of the child.

RETURN OF A BIRTH

13020

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 20th 1883

4. Place of Birth, (Street and Number)

Baltimore Gilmore St. N. 72

5. Full Name of Mother.

Mary High

6. Mother's Maiden Name.

Miles

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William High

9. Father's Occupation,

Seaborer

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

N. 5 & 8 Parkin St.

Remarks.

RETURN OF A BIRTH

63021

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex; (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20 April*
4. Place of Birth, (Street and Number) *186 Orleans St.*
5. Full Name of Mother, *Ann Jane Cunningham*
6. Mother's Maiden Name, *Cassiday*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Elmer E. Cunningham*
9. Father's Occupation, *Car. Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *D. J. G. P.*
- Address, *137 Orleans St.*
- Remarks,

RECEIVED IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, APRIL 21, 1901.

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

1902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

REV
1902
1003

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 20th 1883
4. Place of Birth (Street and Number) 172 N. 14th
5. Full Name of Mother Mary Conlon
6. Mother's Maiden Name Mary Lardner
7. Mother's Birthplace Ireland
8. Full Name of Father L. J. Conlon
9. Father's Occupation Driver
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds
- Address
- Remarks

RETURN OF A BIRTH

13.23

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

April 21st 1883

4. Place of Birth, (Street and Number)

#48 Cannon Alley

5. Full Name of Mother.

Allie Gould

6. Mother's Maiden Name.

Kelly

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Carl Gould

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. Oscar Kraft

Keel 13

RETURN OF A BIRTH

13023

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 21st 1893

4. Place of Birth, (Street and Number)

#48 Hanman Alley

5. Full Name of Mother,

Alle Gould

6. Mother's Maiden Name,

Kelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Carl Gould

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
make this Return

Mr. Oscar Kraft

Address,

236 Clinton Ave

Remarks,

RETURN OF A BIRTH

13024

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

April 21st, 1883

5. Place of Birth, (Street and Number)

#52 Bell St

6. Full Name of Mother,

Catharine Secher

7. Mother's Maiden Name,

Ostheimer

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Julius Secher

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

RETURN OF A BIRTH

13025

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13026

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21 April 83

4. Place of Birth, (Street and Number)

1170 Paca

5. Full Name of Mother,

Guidine Newman

6. Mother's Maiden Name,

Kaufman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Lewis Newman

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

A. Friedewald

Address,

88 N. Euter Street

Remarks,

Normal labor

of the father, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13027

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 21st 1883

4. Place of Birth, (Street and Number)

No 273 St Paul L

5. Full Name of Mother,

Annie Gill

6. Mother's Maiden Name,

Willis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Clarence Gill

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Peggin Buckner

Address,

Remarks,

of the physician, state the maiden name of the mother or legal name of the father.

RETURN OF A BIRTH *13028*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3.*

2. Sex, (state whether male or female)

Female.

3. Race or Color, (if not of the white race)

4. Date of Birth,

21 April

5. Place of Birth, (Street and Number)

81 Caroline street

6. Full Name of Mother,

Mary Dix

7. Mother's Maiden Name,

Blockson.

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

John Dix

10. Father's Occupation,

Sea Captain

11. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

Print name of the mother of such child or children.

RETURN OF A BIRTH

13029

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr. 21st 1883.

4. Place of Birth, (Street and Number)

581 Druid Hill Ave.

5. Full Name of Mother,

Annie Gallagher

6. Mother's Maiden Name,

Handly

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Chas. M. Gallagher

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

J. W. Christian M.D.
431 Penn. Ave.

Address,

Remarks,

Do not fill in this space unless the mother is a colored child or children.

RETURN OF A BIRTH

12030

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 21st 1883

4. Place of Birth, (Street and Number)

Baltimore No 15 Dunkins Alley

5. Full Name of Mother,

Josephine Sloson

6. Mother's Maiden Name,

Josephine Finia

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Sloson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Eastern Shore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Lear Walker No 15

Address,

Dunkins Alley

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13031

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

24th April

5. Place of Birth, (Street and Number)

No 95 N. Gay St.

6. Full Name of Mother

Amelia Rumpf.

7. Mother's Maiden Name,

Amelia Jaeger

8. Mother's Birthplace,

Baltimore

9. Full Name of Father

John P. Rumpf

10. Father's Occupation,

Brass Finisher

11. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who
makes this Return

Mary O'Neil

Address,

No 125 N. Caroline St.

Remarks,

Printed in the office of the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH.

63022

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th
9

1. Sex (state whether Male or Female)

9

2. Race or Color (if not of the white race)

white

3. Date of Birth

Apr 21 1883

4. Place of Birth (Street and Number)

348 Lexington St

5. Full Name of Mother

Sarah A. Haggue

6. Mother's Maiden Name

Allen

7. Mother's Birthplace

Balto

8. Full Name of Father

Jos. B. Haggue

9. Father's Occupation

Plumber

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

J. L. Ingle M.D.
247 Lakewood St

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

15033

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 21st 1883

4. Place of Birth, (Street and Number)

436 N. Fulton Ave

5. Full Name of Mother,

Maggie C. King.

6. Mother's Maiden Name,

" " Norton

7. Mother's Birthplace,

B.C.

8. Full Name of Father,

Wm S. King

9. Father's Occupation,

P.O. Clerk

10. Father's Birthplace,

B.C.

Name of Medical Attendant, or other Person who makes this return

J. H. Harrier, M.D.
119 Edmondson Ave

Address,

Remarks,

RETURN OF A BIRTH

13034

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 21st 1883

4. Place of Birth, (Street and Number)

Baltimore Ramsey St. N. E. 94

5. Full Name of Mother,

Harriett Bligh

6. Mother's Maiden Name,

Cook

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Bligh

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

8th S. E. Parkin St.

Remarks,

Print the full name of the mother of such child or children.

RETURN OF A BIRTH

12031

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 21 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

21 April 1883

4. Place of Birth, (Street and Number)

192 Blanton St

5. Full Name of Mother,

Mandy Reynolds

6. Mother's Maiden Name,

Liers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Reynolds

9. Father's Occupation,

stove mender

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address, No 12 Patterson

Park Dr

Remarks,

RETURN OF A BIRTH

13036

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 21st 1883

4. Place of Birth, (Street and Number)

No. 370 Monument St.

5. Full Name of Mother,

Pauline Lehman

6. Mother's Maiden Name,

Pauline Bedders

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Lehman

9. Father's Occupation,

Locksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. A. Butt

Address, No. 185 S.E. Cor. Bentley & Y. Monument St.

Remarks, All Mrs.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd 1883.
4. Place of Birth, (Street and Number) 33 Corner. Chen & Sterling st.
5. Full Name of Mother, Mary Brannan
6. Mother's Maiden Name, Mary Heringo
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Brannan
9. Father's Occupation, Labourer.
10. Father's Birthplace, Hartford county.
- Name of Medical Attendant, or other Person who makes this Return Lina J. August
- Address, 182 E. Monument st.
- Remarks, _____

Birth of any child shall occur without the attendance of a physician, or of a duly qualified midwife, the mother should, in all instances, upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH *13038*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

Female

White

April 22nd 1885

1820 E. Enoch St.

Elizabeth E. Enoch

Stratman

Baltimore City

Charles E. Enoch

Engineer

Baltimore City

S. H. Enoch

S. E. Cor. Enoch & Caroline Sts.

PRINTED BY THE BALTIMORE CITY OFFICE OF VITAL STATISTICS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
8
1909

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

22nd April

4. Place of Birth, (Street and Number)

48 Race St

5. Full Name of Mother,

Loucy Morris

6. Mother's Maiden Name,

Scott

7. Mother's Birthplace,

Phila. Penn.

8. Full Name of Father,

George Morris

9. Father's Occupation,

Sealorer

10. Father's Birthplace,

Middletown Del.

Name of Medical Attendant, or other Person who makes this Return

Mrs Caroline Moore midwife

Address,

2 Sullivan St Baltimore Md.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 22, 83

4. Place of Birth, (Street and Number)

27 North St.

5. Full Name of Mother,

Bertha Wagner

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

8. Full Name of Father,

August Wagner

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

13041

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 22ten April*
4. Place of Birth, (Street and Number) *N^o 4 Lecon Str*
5. Full Name of Mother, *Mary Göthe*
6. Mother's Maiden Name, *Mary Laken*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Heinrich Göthe*
9. Father's Occupation, *Seemann*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
- Address, *N^o 202 S. Dolores*
- Remarks, *Hebamme*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 22.ten April*
4. Place of Birth, (Street and Number) *Nº 214 S. Bittel Str*
5. Full Name of Mother, *Resinse Träger*
6. Mother's Maiden Name, *Resinse Frieden*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *Andreas Träger*
9. Father's Occupation, *Gerber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Frederike Kaufmann*
- Address, *Nº 202 S. Dollen Str*
- Remarks, *Heimlich*

RETURN OF A BIRTH *63043*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th Kind*
1. Sex, (state whether male or female) *Boys*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 22ten April*
4. Place of Birth, (Street and Number) *85 358 S. Caroline Str*
5. Full Name of Mother, *Carlein Krümer*
6. Mother's Maiden Name, *Carlein Reif*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Johann Krümer*
9. Father's Occupation, *Handwerker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
- Address, *85 202 S. Talbot Str*
- Remarks, *Helbmann*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13044

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female Laura J. Nagandk
1/19/20 A.D.
2. Race or Color (if not of the white race)
3. Date of Birth April 22nd 1883
4. Place of Birth (Street and Number) 10 2nd & 1st Broadway
5. Full Name of Mother Annio Eliza Nagandk
6. Mother's Maiden Name Shyler
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Lewis Nagandk
9. Father's Occupation Miner
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. William T. Shyler
- Address 15 135 1st Broadway
- Remarks Everything natural and healthy

RETURN OF A BIRTH,

Boys

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

APR 28 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth April 22^d 1883
4. Place of Birth, (Street and Number) N^o 62 Fort Ave
5. Full Name of Mother Catherine Gauss
6. Mother's Maiden Name Catherine Fisher
7. Mother's Birthplace Germany
8. Full Name of Father Jacob F. Gauss
9. Father's Occupation Beidermaker
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Catherine Herning
Address N^o 18 Byrd st
Remarks _____

name of the mother of such child or children.

RETURN OF A BIRTH,

63046

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

APR 28 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth April 22nd 1883

4. Place of Birth, (Street and Number) No 14 Byrd st

5. Full Name of Mother Anna Ross

6. Mother's Maiden Name Anna Macmullen

7. Mother's Birthplace Ireland

8. Full Name of Father James Ross

9. Father's Occupation Laborer

Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Catherine Kernan

Address No 18 Byrd st

Remarks _____

name of the mother of such child or children.

RETURN OF A BIRTH

13047

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 April

4. Place of Birth, (Street and Number) 2 McDONALD court

5. Full Name of Mother, Jennie Cunningham

6. Mother's Maiden Name, Hanscho

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Cunningham

9. Father's Occupation, Tin maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 C. Lombard street

Remarks,

RETURN OF A BIRTH

13048

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 22nd

4. Place of Birth, (Street and Number)

No 108 E. Biddle st.

5. Full Name of Mother

Jennie Danz

6. Mother's Maiden Name

Jennie Snider

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

William Danz

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant

or other Person who makes this Return

Address

A. A. Overton No 378 Washington St Balto

Remarks

of the parents, and the maiden name of the mother of such child or children.

13049

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condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

1265
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 22
4. Place of Birth (Street and Number) 1601 Chapel
5. Full Name of Mother Susan Murray
6. Mother's Maiden Name Woodland
7. Mother's Birthplace St. Marys Co.
8. Full Name of Father William Murray
9. Father's Occupation Train Baggage
10. Father's Birthplace St. Marys Co.
- Name of Medical Attendant, or other Person who makes this Return. City Physician
- Address 28 - First St.
- Remarks

RETURN OF A BIRTH

63057

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 22nd 1883
148 West St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Margaret Murray

6. Mother's Maiden Name,

Skinner

7. Mother's Birthplace,

America

8. Full Name of Father,

Edward Murray

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schraesser midwife
330 Hanover St.

Address,

Remarks,

FILE OF 13- Mother of Adult Child or Children.

In addition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

13052

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Apr 22 - 1883

4. Place of Birth, (Street and Number)

95 Wm St

5. Full Name of Mother

Mary E. E. Armiger

6. Mother's Maiden Name

Hergel

7. Mother's Birthplace

Batts. City

8. Full Name of Father

Josiah C. Armiger

9. Father's Occupation

Comm. Merchant

10. Father's Birthplace

A. A. Co. Md

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

N. W. cor. Hanover & Barr Sts

Remarks

RETURN OF A BIRTH, 1903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 22nd 1883
4. Place of Birth, (Street and Number) No. 13 Burroughs St. city
5. Full Name of Mother Catherine Burt
6. Mother's Maiden Name Catherine Kolt
7. Mother's Birthplace Germany
8. Full Name of Father Edward Burt
9. Father's Occupation Teacher
10. Father's Birthplace Holland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Corral Midwife
- Address No 317 Fort Avenue
- Remarks Mother and child doing well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13014

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 22 1883

4. Place of Birth, (Street and Number) 110 Motion Alley

5. Full Name of Mother, Alice Selby

6. Mother's Maiden Name, Alice Cobb

7. Mother's Birthplace, Gordon Georgia

8. Full Name of Father, Littleton L. Selby

9. Father's Occupation, Coachman

10. Father's Birthplace, Princess Anne M.D.

Name of Medical Attendant, or other Person who makes this Return Mrs. Annie Johnson

Address, 94 Tyson St

Remarks,

RETURN OF A BIRTH *62055*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth (6th)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 22nd 1890

4. Place of Birth, (Street and Number)

13 Willow St.

5. Full Name of Mother,

Alice Richardt

6. Mother's Maiden Name,

Alice McGraw

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

John Richardt

9. Father's Occupation,

Career

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Regina A. Winter

Address,

286 Bayard Ave

Remarks,

of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH *63056*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *apr. 22-83.*

4. Place of Birth, (Street and Number) *28 Union St.*

5. Full Name of Mother, *Anna Lee*

6. Mother's Maiden Name,

7. Mother's Birthplace, *md.*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

May R. Owen.

Address,

126 N. Eutaw St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Apr 23 - 1883

4. Place of Birth, (Street and Number) 172 Penna ave

5. Full Name of Mother, Mary Lizzie Mc Frederick

6. Mother's Maiden Name, Stuebe

7. Mother's Birthplace, md

8. Full Name of Father, Andrew J. Mc Frederick

9. Father's Occupation, stonemason

10. Father's Birthplace, md

Name of Medical Attendant, or other Person who makes this Return Dr Lane Taneyhill

Address, 219 Madison ave

Remarks, all day in labor: has not had a child for 7 years

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person to be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars and to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH.

13018

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d / second
 1. Sex (state whether Male or Female) Female Hannis G. Lloyd
 2. Race or Color (if not of the white race) White A.D.S.
 3. Date of Birth April 23, 1883 2/11/30
 4. Place of Birth (Street and Number) 708 N. Ball St.
 5. Full Name of Mother Mrs. Lizzie G. Lloyd
 6. Mother's Maiden Name Miss Lizzie G. Beach
 7. Mother's Birthplace Ta.
 8. Full Name of Father Walter L. Lloyd
 9. Father's Occupation Blacksmith
 10. Father's Birthplace Id.
 Name of Medical Attendant, or other Person who makes this Return. Chas. W. Vickerson M.D.
 Address Belmont & Harman Ave.
 Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13059

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, 13 April

4. Place of Birth, (Street and Number) Gay Street

5. Full Name of Mother, Marie Lul

6. Mother's Maiden Name, Marie Roehler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Martin Lul

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Anna Waller

Address, 139 E. Gay Street

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

13060

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 23, '83

4. Place of Birth, (Street and Number)

177 N. Howard St.

5. Full Name of Mother,

Elizabeth Schick

6. Mother's Maiden Name,

A. C. Cox

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Schick

9. Father's Occupation,

Carpenter

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary K. Cook

Address,

322 N. E. St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

1361

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 5th child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *April 23 1883*
4. Place of Birth, (Street and Number) *Baltimore Ann St. n. 88*
5. Full Name of Mother, *Alberta Atkins*
6. Mother's Maiden Name, *Alberta Hilliard*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Henry Atkins*
9. Father's Occupation, *~~Blacksmith~~ Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who
makes this Return.

Susan Morgan 221st L. Lane

Address,

Remarks,

RETURN OF A BIRTH

13062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *April 23.*

4. Place of Birth, (Street and Number) *Hannaway Lane*

5. Full Name of Mother, *Mary Lucas*

6. Mother's Maiden Name, *Mary Crawford*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Lucas*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mr. Willy Blake*

Address, *No. 53 Carlton St*

Remarks, *Healthy*

RETURN OF A BIRTH 13063

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Signature

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 23, 1883

4. Place of Birth, (Street and Number)

1 Federal St.

5. Full Name of Mother,

Margaret S. Howard

6. Mother's Maiden Name,

J. Gray

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Geo. L. Howard

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 286 N. Donagh St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13064

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Apr. 23rd*
4. Place of Birth (Street and Number) *380 Myrtle Av.*
5. Full Name of Mother *Amelia A. Munch*
6. Mother's Maiden Name " " *Page*
7. Mother's Birthplace *Balt.*
8. Full Name of Father *Otto M. Page,*
9. Father's Occupation *Drists clerk*
10. Father's Birthplace *Balt.*
- Name of Medical Attendant, or other Person who makes this Return. *Silas Baldwin*
- Address *152 Townsend St.*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY,

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

1

Male

White

APRIL 23RD

12 Central Ave

E Elizabeth Schneider

" " Thier

Baltimore

Henry Aug. Schneider

Proceder

Baltimore

A. S. Saphier

120 E. Maryland St

RETURN OF A BIRTH ¹³⁰⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

April 23^d 1 P.M.

4. Place of Birth, (Street and Number)

Maternite Hosp't

5. Full Name of Mother,

Amanda Dale

6. Mother's Maiden Name,

Maryland

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

W. Page McIntosh

Address,

Maternite Hosp't 166 N. Lombard St.

Remarks,

"Illegitimate Child"

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
 1. Sex, (state whether male or female) *Female.*
 2. Race or Color, (if not of the white race) *White.*
 3. Date of Birth, *Monday, April 28th, 1883*
 4. Place of Birth, (Street and Number) *94 Harford Ave.*
 5. Full Name of Mother, *Mary Murphy,*
Mary Bramm.
 6. Mother's Maiden Name, *Baltimore Md.*
 7. Mother's Birthplace, *Ocean Murphy.*
 8. Full Name of Father, *Laborn,*
Baltimore Md.
 9. Father's Occupation, *William Dintow, M.D.*
 10. Father's Birthplace, *25 1/2 Government Ave*
 Name of Medical Attendant, or other Person who makes this Return
 Address,
 Remarks,

RETURN OF A BIRTH *63069*

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male name, Joseph C. Krol

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Monday 23 April 1883

4. Place of Birth, (Street and Number)

No 63 St. Paul St.

5. Full Name of Mother,

Hedwig Krol

6. Mother's Maiden Name,

Hedwig Lichteblau

7. Mother's Birthplace,

Breslau Germany

8. Full Name of Father,

Simon Krol

9. Father's Occupation,

Olionorgaine Butter maker

Father's Birthplace,

Posen Germany

Name of Medical Attendant, or other Person who makes this Return

Wladimir Krieger, M.D.

Address,

No 28. A. Linnitsch

Le Mon

Remarks,

none

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63070

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 23 1893

4. Place of Birth, (Street and Number)

No 12 Walnut City

5. Full Name of Mother,

Maggie Krieb

6. Mother's Maiden Name,

Maggie Weidner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Krieb

9. Father's Occupation,

Cigar Maker

Father's Birthplace,

B Cincinnati

Name of Medical Attendant,

or other Person who makes this Return

Mrs A Mesenzahl

Address,

345 Pennsylvania

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13071

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race)
3. Date of Birth April 23^d 1893
4. Place of Birth (Street and Number) 337 Light St
5. Full Name of Mother Maria Mitchell
6. Mother's Maiden Name " Stuyler
7. Mother's Birthplace Balto
8. Full Name of Father John F Mitchell
9. Father's Occupation Commission Merchant
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Dr A Lewis
- Address 162 Hanover St
- Remarks

RETURN OF A BIRTH

63072

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 23 1883

4. Place of Birth, (Street and Number) 312 W Lomb

5. Full Name of Mother, Rebecca Lauer

6. Mother's Maiden Name, Rebecca Schloss

7. Mother's Birthplace, Virginia

8. Full Name of Father, William Lauer

9. Father's Occupation, Mechanic

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, A. B. Woodcock

Address, _____

Remarks, _____

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63043

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 20 April 1883

4. Place of Birth, (Street and Number)

Balto Eager st No 435

5. Full Name of Mother, Corline Komenda

6. Mother's Maiden Name, Corline Palashek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Andrew Komenda

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Kaptish

Address, 69 N. Washington st

Remarks,

Mary O. Kaptish

of the mother of such child or children.

RETURN OF A BIRTH

63074

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 23 - 1883

4. Place of Birth, (Street and Number)

6 Gough St.

5. Full Name of Mother,

Mary Ann E. Donovon

6. Mother's Maiden Name,

Belbin

7. Mother's Birthplace,

England

8. Full Name of Father,

James J. Donovon

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

On the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 63075

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 24th 1883*

4. Place of Birth, (Street and Number) *4 Skinner's Court,*

5. Full Name of Mother *Bridget White*

6. Mother's Maiden Name, *Quillen*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Andrew White*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

S. W. Seldner M. D.

S. E. Cor. Eager & Carroll Sts.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53076

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

April 24 1883

#352 Canton Ave

Clara Forstburg

Carlson

Schweden

John Forstburg

Laborer

Schweden

Mrs Louise Kraft

236 Canton Ave

RETURN OF A BIRTH *63077*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *24 April*

4. Place of Birth, (Street and Number) *110 Fayette street*

5. Full Name of Mother, *Emila Bare*

6. Mother's Maiden Name, *Drager*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Bare*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*

Address, *72 E. Lombard street*

Remarks,

of the parents, or the maiden name of the mother of such child or children,

RETURN OF A BIRTH *to 30/8*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 24th 1883

4. Place of Birth, (Street and Number)

No. 51 Burke Street

5. Full Name of Mother,

Mrs. Mary Cairns

6. Mother's Maiden Name,

Miss Mary Love

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Antone Cassiar

9. Father's Occupation,

Coat-trimmer

10. Father's Birthplace,

Spain

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Gwinn

Address,

No. 65 Burke St.

Remarks,

PRINTED BY THE BALTIMORE CITY OFFICE OF VITAL STATISTICS, BOARD OF HEALTH.

RETURN OF A BIRTH

63079

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. April 25th 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24th 1883

4. Place of Birth, (Street and Number) 38 California St.

5. Full Name of Mother, Maggie Trumbull

6. Mother's Maiden Name, Maggie Garrett

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Trumbull

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, No. 137 E. Wolfe St.

Remarks,

[Signature]

Mrs. Mary Amend

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

13080

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Baltimore City*

3. Date of Birth

4. Place of Birth (Street and Number) *Clarke St 132*

5. Full Name of Mother *Rose Moore*

6. Mother's Maiden Name *Rose Stanger*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *George Moore*

9. Father's Occupation *Spooler*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. Shaffer*

Address *Biggs St 114*

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 63081

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

No 235

RETURN OF A BIRTH

13082

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 April 1883

4. Place of Birth, (Street and Number) No 235 13082 Bohemia Penna Avenue

5. Full Name of Mother, Alba Pisaneh

6. Mother's Maiden Name, Alba Wahnra

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Wenzel Wahnra

9. Father's Occupation, Painter

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Skaptish

Address, 69 St. Washington D

Remarks, Mary Skaptish

RETURN OF A BIRTH

13083

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY 1 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1883

4. Place of Birth, (Street and Number) Balto Duncan St Clcy No 44

5. Full Name of Mother, Mary Christine

6. Mother's Maiden Name, No

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Christine

9. Father's Occupation, Barrelmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 62 N Washington St

Remarks, Mary Koptish

At the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, this 1st day of May, 1883, I, the Registrar, have received the foregoing Return of Birth, and have caused the same to be entered in the Register of Births, and have caused the same to be printed in the Register of Births, and have caused the same to be filed in the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

63084

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th April 1883

4. Place of Birth, (Street and Number) Balto Freemont St No 19

5. Full Name of Mother, Mary Subust

6. Mother's Maiden Name, Mary Pisaneh

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Charles Subust

9. Father's Occupation, Labour

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mary Kapitch

Address, 69 No Washington St

Remarks, Mary Kapitch

RETURN OF A BIRTH

13080

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 April 1883

4. Place of Birth, (Street and Number)

Balto N Chapel st No 125

5. Full Name of Mother.

Mary Kotalick

6. Mother's Maiden Name,

Mary Swesloman

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Charles Kotalick

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who
makes this Return

Mary Koptish

Address,

69 N Washington st

Remarks,

Mary Koptish

RETURN OF A BIRTH *1308*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First child

1. Sex. (state whether male or female)

Male

2. Race or Color. (if not of the white race)

White

3. Date of Birth.

April 24/89

4. Place of Birth. (Street and Number)

57 East St.

5. Full Name of Mother.

Grace Meyer

6. Mother's Maiden Name.

Benjamin

7. Mother's Birthplace.

Calto.

8. Full Name of Father.

L. Meyer

9. Father's Occupation.

Black Merchant

10. Father's Birthplace.

Europe

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address.

117 S Broadway

Remarks.

RETURN OF A BIRTH *63087*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

*2nd
Male*

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth,

April 24, 1883

4. Place of Birth, (Street and Number)

80 E. Baltimore St.

5. Full Name of Mother,

Mary E. Plaggenmeyer

6. Mother's Maiden Name,

Mary E. Jennison

7. Mother's Birthplace,

Delaware

8. Full Name of Father,

George Plaggenmeyer

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. W. Brock M.D.

Address,

75 E. Baltimore St.

Remarks,

RETURN OF A BIRTH.

63088

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) F

2. Race or Color (if not of the white race) W.

3. Date of Birth April 24th 1883

4. Place of Birth (Street and Number) N. 5th W. Outside ft

5. Full Name of Mother Henrietta Smith

6. Mother's Maiden Name H. Smith

7. Mother's Birthplace Baltimore

8. Full Name of Father ~~Robert P. Smith~~ Charles J. Smith

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address 1182 Franklin St

Remarks

When the child is born, its sex, whether male or female, its race or color, its date of birth, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63089

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2nd}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth,

April 24th 1883

4. Place of Birth, (Street and Number)

116 Hamburg St

5. Full Name of Mother,

Margaret Elizabeth Cordelia Fenton Greager

6. Mother's Maiden Name,

Walker

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Jefferson Davis Greager

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this return.

Robert B. Lowe, M. D.

Address,

333 Light St

Remarks,

The child was one of twins, the first ^{a female} being still-born

of the father, and the mother, and the name of the mother of the child of the father.

RETURN OF A BIRTH

13090

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 April 1883.

4. Place of Birth, (Street and Number) No 9 Reinhard.

5. Full Name of Mother, Mary Kuntze.

6. Mother's Maiden Name, Mary Bauman.

7. Mother's Birthplace, Germany

8. Full Name of Father, Ambros Kuntze

9. Father's Occupation, Weaver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Robert Z

Address,

439

Remarks,

For the purpose of this return, the mother of a child of children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13091

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAY
8
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *The 25 of April 1883*
4. Place of Birth (Street and Number) *No 134 York St. Be. Hanover St.*
5. Full Name of Mother *Martha Ellen Russell*
6. Mother's Maiden Name *Martha Allen Galaway*
7. Mother's Birthplace *Over. St.*
8. Full Name of Father *John Edward Russell*
9. Father's Occupation *Stevie*
10. Father's Birthplace *Sandy Spring Montgomery Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary L. Baker*
- Address *No. 142 York St. near Sharp St.*
- Remarks

RETURN OF A BIRTH

03092

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr. 25

4. Place of Birth, (Street and Number)

21 S Schroder St.

5. Full Name of Mother,

Mary E. Lee

6. Mother's Maiden Name,

Wood

7. Mother's Birthplace,

Balro. Co.

8. Full Name of Father,

John St. Lee

9. Father's Occupation,

Huckster

Father's Birthplace,

Balro.

Name of Medical Attendant, or other Person who makes this Return.

J. M. Wilson

Address,

257 Mad. Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63093

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *April 25th 1883*
4. Place of Birth (Street and Number) *22 Pleasant St.*
5. Full Name of Mother *Fellis Haden*
6. Mother's Maiden Name *Payle*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Haden*
9. Father's Occupation *Shipyard Warden*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *William H. Taylor & Allen D. Smith*
- Address *No. 135 North Broadway*
- Remarks *born pernatation*

RETURN OF A BIRTH

13094

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 25, 1883

4. Place of Birth, (Street and Number)

208 W. Queen St.

5. Full Name of Mother,

Mary S. Quinn

6. Mother's Maiden Name,

Quinn

7. Mother's Birthplace,

Massachusetts

8. Full Name of Father,

Edw. B. Quinn

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Washington

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 286 N. Donogh St

Remarks,

of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

13095

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th April
4. Place of Birth, (Street and Number) 90 S. High street
5. Full Name of Mother, Ellen Burk
6. Mother's Maiden Name, Virginia
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Burk
9. Father's Occupation, Express driver
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Sarah Casper
Address, 72 E. Lombard street
Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53096

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 25th 1883

4. Place of Birth, (Street and Number) Bank St. No 168

5. Full Name of Mother, Lizzie Hoffmann

6. Mother's Maiden Name, Lizzie Marshall

7. Mother's Birthplace, Balt^{ic} City

8. Full Name of Father, John Hoffmann

9. Father's Occupation, Silver Plater

10. Father's Birthplace, Balt^{ic} City

Name of Medical Attendant, or other Person who makes this Return, Harry E. Moller

Address, 4 Dallas St. No 26

Remarks

of the parents, and the maiden name of the mother of such child or children,

RETURN OF A BIRTH

63097

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

In the presence of the mother of the child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 25th 1883*

4. Place of Birth, (Street and Number) *Luzerne St.*

5. Full Name of Mother, *Mrs. Florence Bradford*

6. Mother's Maiden Name, *Miss Florence Grey*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *William Bradford*

9. Father's Occupation, *Fireman on Eng. Co.*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Rachel H. Garrett*

Address, *No. 65 Burke St.*

Remarks,

RETURN OF A BIRTH.

13098

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Coloured

3. Date of Birth

apl 25th 1883

4. Place of Birth (Street and Number)

Balto Beach alle no 7

5. Full Name of Mother

Harriet Harris

6. Mother's Maiden Name

Harriet Demby

7. Mother's Birthplace

Baltimore city

8. Full Name of Father

Mr Henry Harris

9. Father's Occupation

Driver

10. Father's Birthplace

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Francis Granby

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63099

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

April 25th 1885
378 Lexington Ave.
Theresa L. Rogers.
Theresa L. Rogers
Baltimore City.
George Rogers, Jr.
Fireman.
Baltimore City.
John J. Rogers, M.D.
278 W. Lexington St.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63100

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 25th 1863*
 4. Place of Birth, (Street and Number) *Cor Allen & East St.*
 5. Full Name of Mother *Laura D. Gardner*
 6. Mother's Maiden Name, *Laura D. Gordon*
 7. Mother's Birthplace, *Richmond Va.*
 8. Full Name of Father, *Henry J. Gardner*
 9. Father's Occupation, *Police Officer*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other Person who makes this Return *J. H. Robinson M.D.*
 Address, *217 Tremont St.*
 Remarks,

RETURN OF A BIRTH *62/101*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female)

Male,

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 25, 1883.

4. Place of Birth, (Street and Number)

134 3 E. Pratt St.

5. Full Name of Mother,

Mrs. Mary Hermann Bollman

6. Mother's Maiden Name,

Miss " " De Haughe

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

John Muddell Bollman

9. Father's Occupation,

Constructing Engineer,

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

L. Glawille Rush D. O.

Address,

Balt. & Washington Sts

Remarks,

Natural,

of the parents, and the name of the mother of each child or children.

RETURN OF A BIRTH *63102*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
 Sex, (state whether male or female) *Female.*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 25th 1883*
 4. Place of Birth, (Street and Number) *606. Chas St.*
 5. Full Name of Mother, *Sarah E. Ragland*
 6. Mother's Maiden Name, *Sarah E. Thompson*
 7. Mother's Birthplace, *Baltimore, Md*
 8. Full Name of Father, *W. H. Ragland*
 9. Father's Occupation, *N. C. & R. Employee*
 10. Father's Birthplace, *Richmond Va.*
 Name of Medical Attendant, or other Person who makes this Return *William Brinton M.D.*
 Address, *35 1/2 Greenmount av*
 Remarks,

RETURN OF A BIRTH

63103

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 25 1883

4. Place of Birth, (Street and Number)

264 W. Lomb

5. Full Name of Mother,

Fanny Ambach

6. Mother's Maiden Name,

Fanny Burgander

7. Mother's Birthplace,

City

8. Full Name of Father,

David Ambach

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. B. Arnold M.D.

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

53104

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th -

1. Sex, (state whether male or female)

~~Male~~ Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

April 25 '1883

4. Place of Birth, (Street and Number)

194 Front St -

5. Full Name of Mother

Mary E. Humeau

6. Mother's Maiden Name

" " Beard

7. Mother's Birthplace

Balt.

8. Full Name of Father

Joseph Humeau

9. Father's Occupation

Farmer

10. Father's Birthplace

Balt. Co.

Name of Medical Attendant, or other Person who makes this Return

W. Street M.D.

Address

148 N. Exeter St -

Remarks

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

63105

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 44

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 April 1882

4. Place of Birth, (Street and Number) 84 North Eden St

5. Full Name of Mother, Luanda Foster

6. Mother's Maiden Name, Chestney

7. Mother's Birthplace, Hartford Co

8. Full Name of Father, Robert H. Foster

9. Father's Occupation, Brass finisher

10. Father's Birthplace, Baltimore City, Md

Name of Medical Attendant, or other Person who makes this Return, Miss M. E. Huxley

Address, 94 N Eden St

Remarks,

RETURN OF A BIRTH

63106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

April 25, 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child Boy

1. Sex, (state whether male or female)

W. Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Baltimore

4. Place of Birth, (Street and Number)

180. S. Durham St Balti

5. Full Name of Mother,

Maggie Stange

6. Mother's Maiden Name,

Maggie Sieber

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Stange

9. Father's Occupation,

Porter

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Address,

193. Chester St

Remarks,

L. Tracy

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 63107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *25 April 1883*

4. Place of Birth, (Street and Number) *Balts Caroline St No. 345*

5. Full Name of Mother, *Anna Hubka*

6. Mother's Maiden Name, *Anna Forst*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Jos. Hubka*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return

Mary O'Leary

Address, *69 W Washington St*

Remarks, *Mary O'Leary*

If the father, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *63108*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *April 26th 1883*
4. Place of Birth, (Street and Number) *97 Thames Str*
5. Full Name of Mother, *Mary Mashly*
6. Mother's Maiden Name, *Munnick*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Louis Mashly*
9. Father's Occupation, *Labrer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Louise Craft*
- Address, *236 Canton St*
- Remarks,

RETURN OF A BIRTH

63109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *April 26th 1883*

4. Place of Birth, (Street and Number) *186 N. Fayette St.*

5. Full Name of Mother, *Alice Barton*

6. Mother's Maiden Name, *Wessel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Theodore Barton*

9. Father's Occupation,

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *Mrs. C. Bernstein
113 E. Lombard St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color; (if not of the white race)

3. Date of Birth,

April 26

4. Place of Birth, (Street and Number)

153 Sterling St

5. Full Name of Mother,

Kate Gustaf.

6. Mother's Maiden Name,

Ahern

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Gustaf

9. Father's Occupation,

Librarian

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Isabella Oliver

Address,

241 N. Eden St.

Remarks,

A birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person of such child to report its birth to the Board of Health, in the manner, and within the time, prescribed by the laws of this State, and that of illegitimate children, and any person or persons who shall neglect to do so, shall be liable to a fine of not less than five dollars, nor more than ten dollars, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH *62111*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 26th*

4. Place of Birth, (Street and Number) *Perry Street No*

5. Full Name of Mother, *Mary, Angelina Barsotti*

6. Mother's Maiden Name, *Fureschi*

7. Mother's Birthplace, *Tuscany Italy*

8. Full Name of Father, *Jacobo Barsotti*

9. Father's Occupation, *Dealer in Fruit*

Father's Birthplace, *Tuscany Italy*

Name of Medical Attendant, or other Person who makes this Return *Miss Anna D'Amico*

Address, *No 28 N. Lombard Street*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

63112

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

April 26th 1883.

4. Place of Birth (Street and Number)

461 W. Lombard st.

5. Full Name of Mother

Jessie E. Wilson.

6. Mother's Maiden Name

Jessie E. McKee.

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

George H. Wilson.

9. Father's Occupation

Book-binder

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

John O'Donnoghue M.D.

Address

134 N. Carrollton St.

Remarks

RETURN OF A BIRTH

13113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) . . . 2nd
 1. Sex, (state whether male or female) *Maud Robinson* Female
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 26th 1883*
 4. Place of Birth, (Street and Number) *Baltimore - 400 Block Canollton Ave.*
 5. Full Name of Mother *Estelle Robinson Estella Robertson*
 6. Mother's Maiden Name, *" Davis*
 7. Mother's Birthplace, *Baltimore - 400 Block Canollton Ave.*
 8. Full Name of Father, *John. Robertson John T. Robinson*
 9. Father's Occupation, *Black Smith*
 10. Father's Birthplace, *Baltimore - 400 Block Canollton Ave.*
 Name of Medical Attendant, or other Person who make this Return *Mrs. C. Mitchell*
 Address, *N. 58 Parkin St.*
 Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63114

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Thursday April 26
4. Place of Birth (Street and Number) Baltimore 153 Bloy st
5. Full Name of Mother Samisa Lucas
6. Mother's Maiden Name Howard
7. Mother's Birthplace Howard County
8. Full Name of Father Henry Lucas
9. Father's Occupation Horseless
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. James D. Castro
- Address 17 Hamilton st
- Remarks

RETURN OF A BIRTH

7311A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

10th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 26/02

4. Place of Birth, (Street and Number)

137 Bank

5. Full Name of Mother,

Mary E. Cashman

6. Mother's Maiden Name,

Zirkland

7. Mother's Birthplace,

Bald

8. Full Name of Father,

Henry Cashman

9. Father's Occupation,

Barber, J. J. Peace

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address,

117 S Broadway

Remarks,

RETURN OF A BIRTH

63116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
3
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

April 26th 1883

4. Place of Birth, (Street and Number)

No. 114 E. 2nd St.

5. Full Name of Mother,

Rebecca Jackson

6. Mother's Maiden Name,

Rebecca Musrow

7. Mother's Birthplace,

St. Mary's County

8. Full Name of Father,

George Jackson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

St. Mary's County

Name of Medical Attendant, or other person who makes this Return

M. A. Butt

Address, No. 185 S.E. 2nd Central av. V. Monument St.

Remarks, Ill Will

No. 185 S.E. 2nd Central av. V. Monument St.

RETURN OF A BIRTH

63117

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
3
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

162 S. Central Av.

4. Place of Birth, (Street and Number)

26 April 1883

5. Full Name of Mother,

Margretha Rossmann
Wombolt

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Rossmann

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Stein

Address,

151 E. Pratt St

Remarks,

Print Name of the mother at time child or children.

RETURN OF A BIRTH

63118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday April 28
4. Place of Birth, (Street and Number) 91 S. Sharp St.
5. Full Name of Mother, Emma Virginia Kuhn
6. Mother's Maiden Name, Emma Virginia Sheffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Augustus Kuhn
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Anna Johnson
- Address, 94 Taylor Street
- Remarks, _____

At the time of the birth, state the marital status of the mother in such child or children.

RETURN OF A BIRTH

62119

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 26th*
 4. Place of Birth, (Street and Number) *105 W. Fremont St.*
 5. Full Name of Mother, *Annie Chappell Gernig*
 6. Mother's Maiden Name, *" " " Vickers*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Philip Gernig*
 9. Father's Occupation, *Band & C. Expressman*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Mrs. Dumlau*
 Address, *No. 60 Schroeder St.*
 Remarks,

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately before or after the birth, the physician or midwife, or other person, who shall become the duty of the parent or parents of such child to report its birth to the Board of Health in the manner required, except in the cases of the births and deaths of illegitimate children, and any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 27th 1883.

4. Place of Birth, (Street and Number)

283 E. Barger st.

5. Full Name of Mother,

Sapphie Buser.

6. Mother's Maiden Name,

Sophia Kilchenstein.

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

George A. Buser

9. Father's Occupation,

Barber.

10. Father's Birthplace,

York. Pa.

Name of Medical Attendant,

or other Person who makes this Return

Lena H. Huggins

Address,

182. E. Monument st.

Remarks,

RETURN OF A BIRTH

63121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 28 / 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second birth

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

April 27 7.30. O'clock

4. Place of Birth, (Street and Number)

Fayette street No 353 Baltimore

5. Full Name of Mother,

Adeline G. G. Jones

6. Mother's Maiden Name,

Remmell

7. Mother's Birthplace,

Harford County

8. Full Name of Father,

John William Jones

9. Father's Occupation,

Night watchman St James Hotel

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Suren Morgan 47 N. Indiana St

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63122

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

22 April

4. Place of Birth, (Street and Number)

113 Albemarle street

5. Full Name of Mother,

Fannie Finnel

6. Mother's Maiden Name,

Stewart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Finnel

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 O. Lombard street

Remarks,

RETURN OF A BIRTH

13123

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 27th 1883*

4. Place of Birth, (Street and Number) *106 Dugan's Wf.*

5. Full Name of Mother, *Emma Ulbricht*

6. Mother's Maiden Name, *" " Kalweit*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *William Ulbricht*

9. Father's Occupation, *Saloonkeeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Am. Lombel M.D.*

Address, *1702 Sharp St.*

Remarks,

RETURN OF A BIRTH

63124

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 27th

4. Place of Birth, (Street and Number) No. 15 N. Tenth Street

5. Full Name of Mother, Lamanda Snyder

6. Mother's Maiden Name, Knights

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Snyder

9. Father's Occupation, Butcher

10. Father's Birthplace, Chambersburg Penna.

Name of Medical Attendant, or other Person who makes this Return Dr. J. C. ...

Address, No. 36 ...

Remarks, Rather a delicate child

RETURN OF A BIRTH

63125

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 27th 1883*

4. Place of Birth, (Street and Number) *196 Stockholm St*

5. Full Name of Mother, *Margaret Watson*

6. Mother's Maiden Name, *Margaret Lutz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Alfred Graham Watson*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. King*

Address, *1 Snowden St*

Remarks,

RETURN OF A BIRTH,

63126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth

April 27th 1883

4. Place of Birth, (Street and Number)

Cr. 62 St. Paul St.

5. Full Name of Mother

Philomena Mitchell

6. Mother's Maiden Name

" " Moiranda

7. Mother's Birthplace

St. Augustine, Florida

8. Full Name of Father

Joseph H. Mitchell

9. Father's Occupation

Police Officer

10. Father's Birthplace

Dorchester Co. Maryland

Name of Medical Attendant,

or other Person who makes this Return.

John Morris M.D.

Address

Cr. 5 Franklin St.

Remarks

This child was born "with a caul", which will be

Carefully preserved among the family records.

condition, whether still in or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

53127

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

27 of April

4. Place of Birth (Street and Number)

No 53 Church St

5. Full Name of Mother

Jennie Robinson

Bo

6. Mother's Maiden Name

Baltimore City

7. Mother's Birthplace

Charley Robinson

8. Full Name of Father

Seaman

9. Father's Occupation

10. Father's Birthplace

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

No 130 York st Emily Hughes

Address

Remarks

to be filled out by the Registrar of Vital Statistics, or other Person who makes this Return, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13128

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 27th

4. Place of Birth, (Street and Number)

P. 8. Helm and alley

5. Full Name of Mother,

Chas. Scherck

6. Mother's Maiden Name,

" Patton

7. Mother's Birthplace,

B. A. H.

8. Full Name of Father,

Chas. Scherck

9. Father's Occupation,

Tailor

10. Father's Birthplace,

B. A. H.

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. L. L. L.

Address,

P. 10. G. L. L.

Remarks,

RETURN OF A BIRTH

13129

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the father, or, if the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

April 27th

4. Place of Birth, (Street and Number)

no 62 dover st

5. Full Name of Mother,

harriet manscot

6. Mother's Maiden Name,

harriet Fisher

7. Mother's Birthplace,

Worcester county

8. Full Name of Father,

James manscot

9. Father's Occupation,

Sea sailor

10. Father's Birthplace,

demerara georg town

Name of Medical Attendant, or other Person who
make this return

ingland

Address,

Remarks,

mrs Lydia Porter

no 4 palps co queen

healthy child

RETURN OF A BIRTH

63131

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 27th. 1883

4. Place of Birth, (Street and Number)

No. 340 Washington St.

5. Full Name of Mother,

H. H. Gillman

6. Mother's Maiden Name,

H. Walter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lewis Gillman

9. Father's Occupation,

Germany

10. Father's Birthplace,

Butcher

Name of Medical Attendant, or other Person who makes this Return

M. A. Butt

Address, No. 185 S.E. cor. Central av. & Monument St.

Remarks, All Well

RETURN OF A BIRTH 13131

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27th. 1883
4. Place of Birth, (Street and Number) No. 305. Central av. Monument St.
5. Full Name of Mother, Thresa Blumansour
6. Mother's Maiden Name, Thresa Huber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Blumansour
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Mary J. Butt.
Address, No. 185 N.E. cor Central av. Monument St.
Remarks, All Well

RETURN OF A BIRTH

63132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

Weit

3. Date of Birth,

22 April

4. Place of Birth, (Street and Number)

Anna street No 40

5. Full Name of Mother,

Barbara Weiser

6. Mother's Maiden Name,

Anna Weiser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wilhelm Weiser

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Maurer

Remarks,

Leonard Street No 248

RETURN OF A BIRTH 63133

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second Child

Female

White

Twenty Seventh Apr 1883

S. C. Cor. Lombard & Guilford

Laura W. Pratt

Laura W. Trullum

Baltimore, Md. William H. Pratt

William H. Pratt Telegraph Operator

Telegraph Operator

Baltimore, Md.

Mrs. Lumbler Midway

N. 60 Schaefer St.

RETURN OF A BIRTH

63124

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Brith

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

Wet

3. Date of Birth,

24 April

4. Place of Birth, (Street and Number)

Bank Street No 68

5. Full Name of Mother,

Mari Duker

6. Mother's Maiden Name,

" " Mark Streicher

7. Mother's Birthplace,

Exebach Oesterreich

8. Full Name of Father,

Georg Duker

9. Father's Occupation,

Briksleger

10. Father's Birthplace,

Langshwarbach Oesterreich

Name of Medical Attendant, or other Person who makes this Return

Mrs Maurer

Address,

Remarks,

Lombard Street No 248

By this certificate, the Registrar certifies that the named name of the mother of such child or children.

RETURN OF A BIRTH

62135

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
9
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 of April

4. Place of Birth, (Street and Number) 40 Robt St. (

5. Full Name of Mother, Magdalena Kull

6. Mother's Maiden Name, = Schmidt

7. Mother's Birthplace, A. Neife (Bavaria)

8. Full Name of Father, Johann Kull

9. Father's Occupation, Labeln

10. Father's Birthplace, Frankendorf (Bavaria)

Name of Medical Attendant, or other Person who makes this Return, J. Bettsken

Address, 54 Essex Street

Remarks,

2. 7
2. 1
2. 1
2. 1

of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63136

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28th of April
4. Place of Birth (Street and Number) 1-30 Union St.
5. Full Name of Mother Laura Kennedy
6. Mother's Maiden Name Laura Fall
7. Mother's Birthplace in Baltimore
8. Full Name of Father J. J. Kennedy
9. Father's Occupation a Painter
10. Father's Birthplace in Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Thomas C. C.
- Address 1-35 B. Ave.
- Remarks

RETURN OF A BIRTH

63137

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth (8th)

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28 - 1883

4. Place of Birth, (Street and Number)

No. 52 Bidle St

5. Full Name of Mother,

Barbara Emki

6. Mother's Maiden Name,

" Scherish

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Emki

9. Father's Occupation,

Lab-r

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Josephine Konrad

Address, No. 20.

Barnes St

Remarks,

RETURN OF A BIRTH *63138*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *April 1882*

4. Place of Birth, (Street and Number) *58 Harrison st.*

5. Full Name of Mother, *Fanny Gardner*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Louis Gardner*

9. Father's Occupation, *Store Keeper*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return, *Wm. C. Bernstein*

Address, *113 E. Lombard st.*

Remarks,

Of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62139

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and if the maiden name of the mother of such child or children.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *9th.*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *April 1883*
4. Place of Birth, (Street and Number) *87 High St.*
5. Full Name of Mother. *Louise Tillman*
6. Mother's Maiden Name. *Schulthies*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Bernhardt Tillman*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*
- Address, *113 E. Lombard St.*
- Remarks,

RETURN OF A BIRTH

63140

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28th of April

4. Place of Birth, (Street and Number)

Front No 85.

5. Full Name of Mother,

Amelia Amrein

6. Mother's Maiden Name,

Amelia Granger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John G. Amrein

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Madame L. J. Galen

Address,

No 28. ...

Remarks,

RETURN OF A BIRTH

12141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

April 28 1882

4. Place of Birth, (Street and Number)

409 Jones court

5. Full Name of Mother.

Harriet Small

6. Mother's Maiden Name,

Harriet Frost

7. Mother's Birthplace,

Tallent Co

8. Full Name of Father.

Samuel Small

9. Father's Occupation,

Stevedore

10. Father's Birthplace.

Easton above Co

Name of Medical Attendant, or other Person who makes this Return

Lucander H. H. H.

Address,

30 Regester St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63142

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, April 25

Place of Birth, (Street and Number) No 239 Mean St

Full Name of Mother, Maggie Spener

Mother's Maiden Name, Martin

Mother's Birthplace, Balt.

Full Name of Father, Aug. Spener

Father's Occupation, Baker

Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Sophia

Address, Green

Remarks, 701 Gandy St

RETURN OF A BIRTH.

over 13143

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: *Pierre Francis P. Kane 3d*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

April 28 1883

4. Place of Birth (Street and Number)

135 N. Howard

5. Full Name of Mother

Clara Kane

6. Mother's Maiden Name

Clara Stallings

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Cornelius Kane

9. Father's Occupation

Police Officer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address

A. H. Lister M.D.

Remarks

5213 Lexington St

When six days have intervened, stating whether the child was born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

63144

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *April 28th*
 4. Place of Birth, (Street and Number) *No. 451 W. 11th Street*
 5. Full Name of Mother, *Hannie Heaster*
 6. Mother's Maiden Name, *Belle*
 7. Mother's Birthplace, *Prince Georges County, Md.*
 8. Full Name of Father, *John Heaster*
 9. Father's Occupation, *Street Car Conductor*
 10. Father's Birthplace, *Prince Georges County, Md.*
 Name of Medical Attendant, or other Person who make this Return *M. J. Langley*
 Address, *No. 36 Thacker Ave. Md.*
 Remarks, *Prince baby.*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63145

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 28th 1883. 398 E. Eden St.
4. Place of Birth (Street and Number) 398 E. Eden St.
5. Full Name of Mother Annie E. Garrow
6. Mother's Maiden Name Annie E. Garrow
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John H. Garrow
9. Father's Occupation News-dealer
10. Father's Birthplace Baltimore City, Md.
- Name of Medical Attendant, or other Person who makes this Return John H. Garrow M.D.
- Address 134 N. Carrollton Ave
- Remarks

RETURN OF A BIRTH

63146

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *April 28 1883*

Place of Birth, (Street and Number) *No 700 South Charles St*

Full Name of Mother, *Gusta Clark*

Mother's Maiden Name, *Gusta Wolffsplegle*

Mother's Birthplace, *Washington D C*

Full Name of Father, *William Clark*

Father's Occupation, *Machinist*

Father's Birthplace, *Baltimore city*

Name of Medical Attendant, or other Person who makes this Return *E. Hinton*

Address, *No 634 S Charles Street*

Remarks,

RETURN OF A BIRTH

63147

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April the 28th 1911

4. Place of Birth, (Street and Number)

488 N. Eager st.

5. Full Name of Mother,

Ellen McKuen

6. Mother's Maiden Name,

Ellen Busce

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

Frank McKuen

9. Father's Occupation,

Plaster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

S. A. G. Overton

Address,

11378 Washington st.

Remarks,

Healthy

RETURN OF A BIRTH *13148*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 28th 1883

4. Place of Birth, (Street and Number)

398 N. Eden St

5. Full Name of Mother,

Anne E. Kamm

6. Mother's Maiden Name,

Anne E. Girvin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John W. Kamm

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Wooden

Address,

120 Greenmount Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *63149*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fourth
Female
White

Apr. 28th. 1883.

4 Tenants St.
Fanny A. Kinsey
Johanson

Balta. Co. Md.
Wm. E. Kinsey
Plasterer

Howard Co. Md.

Christian M.
431 Penna. Ave.

of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63-100

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *April 28th 1883*
4. Place of Birth (Street and Number) *No 28 So Schroeder St*
5. Full Name of Mother *Emma Roberson*
6. Mother's Maiden Name *Emma Bell*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *John Roberson*
9. Father's Occupation *Paper hanger*
10. Father's Birthplace *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *J. C. Skinner M.D.*
- Address *41 N. Lehigh St*
- Remarks

RETURN OF A BIRTH

63151

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth (10)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 28th 1893

4. Place of Birth, (Street and Number)

123 Conser St

5. Full Name of Mother,

Emma J. Miller

6. Mother's Maiden Name,

Baltimore Md

7. Mother's Birthplace,

Johns

8. Full Name of Father,

Wm H. Miller

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mrs. A. H. Winter

Address,

186 Hartford Ave

Remarks,

RETURN OF A BIRTH

3152

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *H^W*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *April 28th*
4. Place of Birth, (Street and Number) *130 Pearl St*
5. Full Name of Mother, *Mina Large*
6. Mother's Maiden Name, *Mina Speckhouse*
7. Mother's Birthplace, *Balt. County*
8. Full Name of Father, *Henry Large*
9. Father's Occupation, *Letter Carrier*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. H. W. M. D.*
- Address, *130 Pearl St*
- Remarks, _____

RETURN OF A BIRTH *63153*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *April 28th*

3. Date of Birth, *91. Pierce Street*

4. Place of Birth, (Street and Number) *Mrs. Marguerite Kreuder*

5. Full Name of Mother, *" " Schomm*

6. Mother's Maiden Name, *Wittichshausen Sless Kancel*

7. Mother's Birthplace, *Charles Kreuder*

8. Full Name of Father, *Crocer*

9. Father's Occupation, *Grimberg Sless Darmstadt.*

10. Father's Birthplace, *Mrs. Dunlap.*

Name of Medical Attendant, or other Person who makes this Return *No. 60 Schroeder St.*

Address, *Remarks,*

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63154

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

April 29th 1883

4. Place of Birth, (Street and Number)

24 Spring St

5. Full Name of Mother,

Henrietta Pratt

6. Mother's Maiden Name,

Henrietta Hollis

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Charles Pratt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

5. Forrest St

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 13155

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 24th 1883
4. Place of Birth, (Street and Number) No 1 Elizabeth Lane
5. Full Name of Mother Lena Streigle
6. Mother's Maiden Name Lena Krautner
7. Mother's Birthplace Germany
8. Full Name of Father Martin Streigle
9. Father's Occupation Laborer
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Katharina Hornung
- Address No 18 Byrd St
- Remarks

RETURN OF A BIRTH

1346

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
8
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second,

Male,

White,

Apr. 29/83,

No. 114 E. Lombard St.

Virginia Mann,

Virginia Prandau,

Baltimore Md.

Henry Mann,

Bookkeeper,

Baltimore Md.

His Wiley

No 12 Patterson Park Dr

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3107
3
Female

White

April 29 1883

6 Row 1st

Mary Pooley

Patsch

Baltimore

John Pooley

Laborer

Baltimore

Mrs Louise Kraft

236 Canton Ave

RETURN OF A BIRTH

63158

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *24 April 1883*

4. Place of Birth, (Street and Number) *102 W Fayette Street*

5. Full Name of Mother, *Amalie Schuler*

6. Mother's Maiden Name, *Amalie Schmidt*

7. Mother's Birthplace, *Zweibrücken - Bavaria -*

8. Full Name of Father, *Otto Schuler*

9. Father's Occupation, *Walter*

10. Father's Birthplace, *Zweibrücken*

Name of Medical Attendant, or other person who makes this return *Dr F Reinhard*

Address, *224 West Fayette Street*

Remarks, *The child was not carried to the full term. It was about seven and a half months of age.*

63/77
FII

the child shall occur without the attendance of a physician or other person to be attended to by the mother, it shall then become the duty of the mother to report its birth to the local health officer, and, in the event of the death of the child, to report its death to the local health officer, except in the cases of the births and deaths of illegitimate children, and in such cases the mother shall nevertheless be required to report the birth and death of her child to the local health officer. The mother shall be subject to a fine of not more than \$100 for each offense, to be recovered on other fines and penalties then recoverable.

22

mail

white

April 29th 1883

277 Louis Hill av.

Belle Kinscy

Belle Monday

Frederick County

James Fullmore Kirtley

Printer. 11

Baltimore City

E. G. Greenleaf, Jr.

289 W Fayette St

Remarks,

RETURN OF A BIRTH

13160

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

April 29th 1883

4. Place of Birth, (Street and Number)

115 Broadway St

5. Full Name of Mother.

Louisa Sparnberg

6. Mother's Maiden Name.

" Preberger

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John B. Sparnberg

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

C. L. Buddenbom M.D.

Address,

66 S. Locust

Remarks,

RETURN OF A BIRTH

63161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *April 29th 1883*
4. Place of Birth, (Street and Number) *No. 64 Burgundy ally*
5. Full Name of Mother, *Isabell Kire*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Balto City*
8. Full Name of Father, *Edward Kire*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balto City*
- Name of Medical Attendant, or other Person who makes this Return, *Delorah Thomas*
- Address, *7 Burgundy ally*
- Remarks, _____

RETURN OF A BIRTH

63162

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 29, 1883

4. Place of Birth, (Street and Number) 122 S. Guilford St.

5. Full Name of Mother, Elizabeth Moore

6. Mother's Maiden Name, Elizabeth Griffin

7. Mother's Birthplace, Baltimore, Ind.

8. Full Name of Father, Alexander Moore

9. Father's Occupation, Laborer

10. Father's Birthplace, Talbot Co. Ind.

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 217 S. Guilford St.

Remarks,

On this certificate, and the number herein of the mother of such child or children.

RETURN OF A BIRTH

62163

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 29, 1883

4. Place of Birth, (Street and Number) North B. 14 13

5. Full Name of Mother, Theresa Harms

6. Mother's Maiden Name, Theresa Paulson

7. Mother's Birthplace, Balt. City

8. Full Name of Father, John Harms

9. Father's Occupation, Cigarren manufacturer

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who make this Return, Mary E. Haller

Address, N. B. 14 26

Remarks,

RETURN OF A BIRTH

63/64

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female)

male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 of April

4. Place of Birth, (Street and Number)

27 Canyon. street

5. Full Name of Mother,

Liza Nechman.

6. Mother's Maiden Name,

Liza Nechman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Nechman.

9. Father's Occupation,

box maker.

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. L. S. Swartz.

Address,

59 Lynde. st.

Remarks,

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

63165

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 29, 83

4. Place of Birth, (Street and Number)

Baltimore No 83

5. Full Name of Mother,

Mary Frances

6. Mother's Maiden Name,

Bedner

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

George Francis

9. Father's Occupation,

Excavator

10. Father's Birthplace,

Pa.

Name of Medical Attendant, or other Person who makes this Return

Wm. J. Buchanan

Address,

14

Remarks,

RETURN OF A BIRTH

13166

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

18 April 1883

4. Place of Birth, (Street and Number)

11 Calverton Road

5. Full Name of Mother,

Emma Bain

6. Mother's Maiden Name,

Emma Bitts

7. Mother's Birthplace,

Howard County, Md.

8. Full Name of Father,

John J. Bain

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Born in Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mr. Miller

Address,

1017 W. Pratt St.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13167

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *white*
- Date of Birth, *April 29 1883*
- Place of Birth, (Street and Number) *No 114 Marshall Ave E. End*
- Full Name of Mother, *Mary Houch*
- Mother's Maiden Name, *Mary Dugan*
- Mother's Birthplace, *Balt Co md*
- Full Name of Father, *John Houch*
- Father's Occupation, *Labourer*
- Father's Birthplace, *York Pa*
- Name of Medical Attendant, or other Person who makes this Return *E. Hinton*
- Address, *634 South Charles Street*
- Remarks,

RETURN OF A BIRTH *6316.8*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
 Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *29 of April 1883*
 4. Place of Birth, (Street and Number) *No 192 William St*
 5. Full Name of Mother, *Theresa Thurman*
 6. Mother's Maiden Name, *Theresa Freeman*
 7. Mother's Birthplace, *Kanawha*
 8. Full Name of Father, *Benard Thurman*
 9. Father's Occupation, *Labourer*
 10. Father's Birthplace, *Kanawha*
 Name of Medical Attendant, or other Person who makes this Return *Salina B. B. B. B.*
 Address, *910 12th West St*
 Remarks,

RETURN OF A BIRTH

13169

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29 of April

4. Place of Birth, (Street and Number)

No. 53 1/2 William St

5. Full Name of Mother,

Julia Petersen

6. Mother's Maiden Name,

Julia Ellingham

7. Mother's Birthplace,

Hannover

8. Full Name of Father,

Nicholas Peterson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Denmark

Name of Medical Attendant, or other Person who makes this Return

Julia Erickson

Address,

No. 128 West St

Remarks,

RETURN OF A BIRTH

63170

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 April 1883

4. Place of Birth, (Street and Number) Balto Chapel St No

5. Full Name of Mother Kate Plutha

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Jos Plutha

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koppish

Address, 64 W Washington St

Remarks, Mary Koppish

RETURN OF A BIRTH.

63171

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

10th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Apr 29th '83

4. Place of Birth (Street and Number)

* 240 George St. Balt: City

5. Full Name of Mother

Mrs Michael Riordan

6. Mother's Maiden Name

Courtney

7. Mother's Birthplace

Balt: Md

8. Full Name of Father

Michael Riordan

9. Father's Occupation

Police man

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Prof W. F. Farnell M.D.

Address

128 Madison St -

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 63172

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.) 1st
Whether male or female female
or, (if not of the white race) white race
Date of Birth April the 29
Place of Birth, (Street and Number) Baltimore port st 1612
Name of Mother Mary Geisler
Maiden Name Mary Sarnan
Place of Birth Baltimore
Name of Father John Geisler
Occupation laborer
Place of Birth Baltimore
Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn
William St. Co 394

Within six days thereafter, stating accurately the name of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13173

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____ *Male*
2. Race or Color (if not of the white race) _____ *colored*
3. Date of Birth _____ *April 29 1883*
4. Place of Birth (Street and Number) _____ *no. 1. Cross ally*
5. Full Name of Mother _____ *Josephine Brogden*
6. Mother's Maiden Name _____ *Speer.*
7. Mother's Birthplace _____ *Batts.*
8. Full Name of Father _____ *Harry Brogden*
9. Father's Occupation _____ *Labor.*
10. Father's Birthplace _____ *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. _____ *Eliza Cornish*
- Address _____ *62. Elbow Lane*
- Remarks _____ *the child is still alive*

RETURN OF A BIRTH.

62174

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether ~~Male~~ or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 29th 1883

4. Place of Birth (Street and Number) 69 Disquith Street

5. Full Name of Mother Ida M. Londerman

6. Mother's Maiden Name Ida M. Green

7. Mother's Birthplace Baltimore City

8. Full Name of Father Geo. F. Londerman

9. Father's Occupation Druggist

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. J. Watson

Address 437 N. Central Ave.

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

April 29th

Easton & Hamburg Sts

Margaret Birger

" FitzSimmons

Ireland

Mathew Birger

Salom Kupur

Ireland

J. C. Burch M.D.

151 Stanwood St

RETURN OF A BIRTH

13176

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

female child

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

30 of april 1883

4. Place of Birth, (Street and Number)

180 32 1st street St

5. Full Name of Mother,

lue thomas

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

William hawkins

8. Full Name of Father,

waiter by trade

9. Father's Occupation,

carandul ed Mads

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Mary G Jones
17 Waterat St city

Address,

Remarks,

Printed and Stationed

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63177

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Negro*
3. Date of Birth *April 30th 1888*
4. Place of Birth (Street and Number) *No. 46 Vine St.*
5. Full Name of Mother *Amelia Williams*
6. Mother's Maiden Name *Amelia Gross*
7. Mother's Birthplace *Balt., Md.*
8. Full Name of Father *— Williams*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *L. B. Gardner*
- Address *120 N. Greene St.*
- Remarks

RETURN OF A BIRTH

1898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.
 1. Sex, (state whether male or female) Male.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, April 30, 1883.
 4. Place of Birth, (Street and Number) Pearl & Mulberry Sts.
 5. Full Name of Mother, Matilda Hucksohl.
 6. Mother's Maiden Name, Hoesloop.
 7. Mother's Birthplace, Germany.
 8. Full Name of Father, Ernest Hucksohl.
 9. Father's Occupation, Baker.
☒ Father's Birthplace, Germany.
 Name of Medical Attendant, or other Person who makes this Return Dr. Morgan.
 Address, 119 W. Monument St.
 Remarks,

RETURN OF A BIRTH *63179*

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 30th 1883
1011 Bellvue St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Catharine Haller

6. Mother's Maiden Name,

Purple

7. Mother's Birthplace,

America

8. Full Name of Father,

Samuel Haller

9. Father's Occupation,

Glassblower

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwager midwife

Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH

63180

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

April 30 at 1883

4. Place of Birth, (Street and Number)

No 35 Beaver st.

5. Full Name of Mother,

Elvira Reckbach

6. Mother's Maiden Name,

Schweiker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Reckbach

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Schwasser, midwife

Address,

330 Beaver st.

Remarks,

RETURN OF A BIRTH

62/81

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth - 18th

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

April 30th 1883

Place of Birth, (Street and Number)

No 245 E Biddle St.

Full Name of Mother,

Minie Kroner

Mother's Maiden Name,

Daum

Mother's Birthplace,

Baltimore

Full Name of Father,

Charles Kroner

Father's Occupation,

Labor

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Josephina Konrad

Address,

No 20 Barnes St

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 63182

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *April 30th 1883*
4. Place of Birth, (Street and Number) *1512 Bolton Street*
5. Full Name of Mother *Eva M. Joyce*
6. Mother's Maiden Name *Eva M. Noble*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Wm H. Joyce*
9. Father's Occupation *Fire Freight Agent at Central R.R.*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W.C. Nelson*
- Address *1406 Park Av.*
- Remarks

RETURN OF A BIRTH.

13182

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Female

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

April 30 1883

4. Place of Birth (Street and Number)

243 E. Madison St

5. Full Name of Mother

Gerie Bamberger

6. Mother's Maiden Name

" Smith

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Robert J. Bamberger

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

W. H. Thomas, M.D.

Address

66 E. Baltimore St

Remarks

When six days have expired, sending promptly the date of birth, sex, and color of the child, and residence of the child, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63184

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

30 April

4. Place of Birth, (Street and Number)

45 President street

5. Full Name of Mother,

Breasy Whitt

6. Mother's Maiden Name,

Cambilla

7. Mother's Birthplace,

Stila

8. Full Name of Father,

Joseph Whitt

9. Father's Occupation,

Musicianer

10. Father's Birthplace,

Stila

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. O. Lombard street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

3

Male

White

April 30

No. 91 Pratt St.

Theresa Schneider

" "

Slaves

Baltimore

Henry Schneider

Upper cutter

Germany

Sophia

German

P. O. 70 Gough

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13186

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 8*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *the 30 of April*
4. Place of Birth, (Street and Number) *No. 247 957 Karlin St*
5. Full Name of Mother, *Anne Walch*
6. Mother's Maiden Name, *Anne Hallermeier*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Alis Hallermeier*
9. Father's Occupation, *Father*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return
- Address, *Mrs Cristina Lauer*
- Remarks, *173 Harper row*

173 Harper row

RETURN OF A BIRTH

13187

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) second child.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Caucas.
3. Date of Birth, April 31st 1883.
4. Place of Birth, (Street and Number) 34 Ething St near Wilson St.
5. Full Name of Mother, Sarah E. Satter.
6. Mother's Maiden Name, Sarah E. Davis.
7. Mother's Birthplace, Charlottesville Kent Co. Md.
8. Full Name of Father, Thomas Davis.
9. Father's Occupation, at the Pail Making Mill.
10. Father's Birthplace, Denton Md.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Fannie Sniden
- Address, 1262 Sarnett St City.
- Remarks, _____

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

6/2/88

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 and 8

1. Sex, (state whether male ^{am} & female)

Male and female

2. Race or Color, (if not of the white race)

3. Date of Birth.

Apr. 30 1888

4. Place of Birth, (Street and Number)

W. 12th Street East No. 9

5. Full Name of Mother,

Regina Fischer

6. Mother's Maiden Name,

Levy

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Harold Fischer

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Pauley

Address,

W. 14

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether ~~male~~ or female) _____
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, Apr 30. 83.
 4. Place of Birth, (Street and Number) E. Lombard St. 441
 5. Full Name of Mother, Henry Wilson
 6. Mother's Maiden Name, Winkler
 7. Mother's Birthplace, Deutsch Oesterreich
 8. Full Name of Father, Henry Wilson
 9. Father's Occupation, Businessman
☒ Father's Birthplace, Scotland
 Name of Medical Attendant, or other Person who makes this Return Dr. John Winkler
 Address, St. Welford St. No. 14
 Remarks, _____

RETURN OF A BIRTH

63190

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

86

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Apr. 20, 83

4. Place of Birth, (Street and Number)

4 Schuppel St, 93

5. Full Name of Mother,

Margaret Luckert

6. Mother's Maiden Name,

Stonaker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Carl Luckert

9. Father's Occupation,

Stonaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. L. B. K. K. K.

Address,

60 Wall St, No. 14

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13191

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *30 of April 1883*
4. Place of Birth, (Street and Number) *195 Franklin Avenue*
5. Full Name of Mother, *Carolina Schaefer*
6. Mother's Maiden Name, *C. Schaefer*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Charles Schaefer*
9. Father's Occupation, *Teamster*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *W. H. Miller*
- Address *1017 W. Pratt St.*
- Remarks

RETURN OF A BIRTH

13192

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 30th 1883

4. Place of Birth, (Street and Number)

48

Helen St -

5. Full Name of Mother,

Annie Sloan

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Balt -

8. Full Name of Father,

John Sloan

9. Father's Occupation,

Salveman

10. Father's Birthplace,

Balt -

Name of Medical Attendant, or other Person who makes this Return

W. Street M.D.

Address,

148 N. E. 1st St

Remarks,

RETURN OF A BIRTH

63193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

April 30th

4. Place of Birth, (Street and Number)

267 Mulberry St

5. Full Name of Mother,

Louisa Rupp

6. Mother's Maiden Name,

Louisa Hicker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Rupp

9. Father's Occupation,

Grocery Dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Minick

Address,

No 1 Leadenhall St

Remarks,

RETURN OF A BIRTH

63174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 31 1883

4. Place of Birth, (Street and Number)

No 606 Light Street

5. Full Name of Mother,

Mary Carmine

6. Mother's Maiden Name,

Mary Ferguson

7. Mother's Birthplace,

Balt Co. Md

8. Full Name of Father,

George Carmine

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Balt city Md

Name of Medical Attendant, or other Person who makes this Return

E. Hinton

Address,

634 South Charles Street

Remarks,

of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

63195

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female
White

10 of April 1883

No 135 West St

Lizzie Reip

Lizzie Fogt

Baltimore

John Reip

Laborer

Baltimore

Sabina Grischabek

No 128 West St

RETURN OF A BIRTH

63196

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
make this Return

Address,

Remarks,

5th
White
April 25th 1883
635 Hanover St
Mary J. Gilbert
" " Jenkins
" " Baltimore
Al. W. Gilbert
Junk Dealer
Harford Co Md
Shadown Cady M.D.
per 4.13

of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

1897

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st 2d 3rd, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth; (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
April 30th 1897
175 Scott St
Mary Rouahan
Yorker
Baltimore
Wm Rouahan
Baker

Baltimore

J. A. Spindel
387 W. Lombard

and the names of the mother of such child or children.

Assented

RETURN OF A BIRTH.

1895

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*5th
Female*

2. Sex (state whether Male or Female)

3. Race or Color (if not of the white race)

4. Date of Birth

May 1, 1883

5. Place of Birth (Street and Number)

104 Chew St

6. Full Name of Mother

Kate Armstrong

7. Mother's Maiden Name

Kate Hardy

8. Mother's Birthplace

Baltimore City

9. Full Name of Father

Sam. S. Armstrong

10. Father's Occupation

Printer

11. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. Thomas M.D.

Address

66 E. Baltimore St.

Remarks

born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

63199

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

1 of may 1883

4. Place of Birth, (Street and Number)

no 10 Cornney St canton

5. Full Name of Mother,

Lizzie ~~grave~~ gravith

6. Mother's Maiden Name,

Lizzie Kemp

7. Mother's Birthplace,

baltimore

8. Full Name of Father,

james William gravith

9. Father's Occupation,

labor

Father's Birthplace,

baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wilery

Address,

no 12 Patterson Park av

Remarks,

the father's name, and the mother's name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13200

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

male

2. Race or Color (if not of the white race)

3. Date of Birth

May 1st 1883

4. Place of Birth (Street and Number)

Cross Barney Road 24

5. Full Name of Mother

Lizzie Grant

6. Mother's Maiden Name

" Stewart

7. Mother's Birthplace

Ind

8. Full Name of Father

George Stewart

9. Father's Occupation

Zimmer

10. Father's Birthplace

Ind

Name of Medical Attendant, or other Person who makes this Return.

R. B. Ellis

Address

813 Light St

Remarks

condition, whether still born or not, the full name, nativity
name of the mother of such child or children.

4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who
makes this Return.

Address

Remarks

Cas. Garvey 78 and 24
Lizzie Grant
" Stewart
md
George Stewart
Zimmer
md
R. P. Ellis
813 Fifth St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: *Mary Clara Demme*

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

May 1st 83

4. Place of Birth, (Street and Number)

2140 Hamburg St.

5. Full Name of Mother.

Maria (Demmit) Demme

6. Mother's Maiden Name.

" (Kugler) Rochler

7. Mother's Birthplace.

Frederick Md.

8. Full Name of Father.

Julius (Demmit) Demme

9. Father's Occupation.

Machinist

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Noel

Address,

328 S. Eutan St.

Remarks,

State of Maryland, and the names of the mother of such child or children.

RETURN OF A BIRTH *63202*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Therese Dicky

1. Sex, (state whether male or female)

John Dicky

2. Race or Color, (if not of the white race)

N^o 377 Canton Ave

3. Date of Birth,

geboren den 1ten May

4. Place of Birth, (Street and Number)

Bab = Weib

5. Full Name of Mother,

Baltimore = Baltimore

6. Mother's Maiden Name,

Gestern an Kräfte

7. Mother's Birthplace,

Friederike Therese Dicky

8. Full Name of Father,

N^o 377 Canton Ave

9. Father's Occupation,

Friederike Kaufmann

10. Father's Birthplace,

N^o 102, S. Dallas Str

Name of Medical Attendant, or other Person who makes this Return

Gestern den 7ten May 1883

Address,

Wm. Nicolaus 258 Alice Ann. Str

Remarks,

for Interment at St. Pauls Cemtry May 8th

RETURN OF A BIRTH, 63203

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 1st 1883
4. Place of Birth, (Street and Number) Barney St 4
5. Full Name of Mother Not Married
6. Mother's Maiden Name Louise Brown
7. Mother's Birthplace Baltimore
8. Full Name of Father John Magle
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Shorman
- Address 215 Byrd St
- Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

63201

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fifth (5)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 1st 1883

4. Place of Birth, (Street and Number)

No 8. Barnes St.

5. Full Name of Mother,

Franciska Bartos

6. Mother's Maiden Name,

Souka

7. Mother's Birthplace,

Velenov Bohemia

8. Full Name of Father,

Joseph Bartos

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Velenov Bohemia

Name of Medical Attendant, or other Person who makes this Return

Josephine Konrad

Address, No 20.

Barnes St

Remarks,

to be filled out by the Registrar

RETURN OF A BIRTH

13206

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"If the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

may 1 1883

4. Place of Birth, (Street and Number)

27 213 2nd St

5. Full Name of Mother,

mary elizabeth mitchel

6. Mother's Maiden Name,

mary elizabeth mitchel

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John mitchel

9. Father's Occupation,

waiter (Marble Va)

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Charlotte Pearson

Address,

258 2nd St

Remarks,

born in 6 months five 20 minutes

name of the mother of such child or children.

RETURN OF A BIRTH.

13207

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

May 1
Sch. 10 St 4 doors from Fayette

5. Full Name of Mother

Rebecca Rous

6. Mother's Maiden Name

Rebecca Bryant

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James A Rous

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Robert K. Meas

Address

1324 W Fayette

Remarks

RETURN OF A BIRTH

13208

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
22
1888

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)..

White

3. Date of Birth,

May 1st 1888

4. Place of Birth, (Street and Number)

827 York St

5. Full Name of Mother,

Emma Evans

6. Mother's Maiden Name,

Collins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Evans

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

M. B. Pillsbury

Address,

256 E. Preston St

Remarks,

RETURN OF A BIRTH

63209

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

male.

2. Race or Color, (if not of the white race)

white.

3. Date of Birth,

May 1st

4. Place of Birth, (Street and Number)

1847 Howard St.

5. Full Name of Mother.

A. Barbara Heilmann Fischer

6. Mother's Maiden Name,

A. Barbara Heilmann

7. Mother's Birthplace,

City

8. Full Name of Father.

Charles A. Fischer.

9. Father's Occupation,

Blacksmith.

10. Father's Birthplace.

City

Name of Medical Attendant,

or other Person who makes this Return

Dr. W. H. H. H.

Address,

1847 Howard St.

Remarks,

RETURN OF A BIRTH

321A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

female.

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 1st.

4. Place of Birth, (Street and Number)

276. S. Charles Street.

5. Full Name of Mother,

Augusta Dorr.

6. Mother's Maiden Name,

Augusta Strong

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Peter Dorr.

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace.

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. Smith

Address,

1 Landonville St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, No 185 1st cor. Central av. & Monument St

Remarks, See Bill

RETURN OF A BIRTH

73212

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mother of ten children*
1. Sex, (state whether male or female) *Male child*
2. Race or Color, (if not of the white race) *Colored child*
3. Date of Birth, *1th of May*
4. Place of Birth, (Street and Number) *Harmond Court no 1*
5. Full Name of Mother, *Caroline Gant*
6. Mother's Maiden Name, *Caroline Griner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Amos Gant*
9. Father's Occupation, *Brick maker oyster shucker*
10. Father's Birthplace, *Calvert County Md*
- Name of Medical Attendant, or other Person who makes this Return. *Anne Johnson*
- Address,
- Remarks,

RETURN OF A BIRTH

13212

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 2, 1888

4. Place of Birth, (Street and Number)

652 Mc Donough St.

5. Full Name of Mother,

Kate B. Doyle

6. Mother's Maiden Name,

McCannally

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John B. Doyle

9. Father's Occupation,

Police

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

Henry A. Silvestri

Address, 286 Mc Donough St.

Remarks,

to be filled out by the Registrar of Vital Statistics, Baltimore City, or by the Registrar of Vital Statistics, Baltimore County, or by the Registrar of Vital Statistics, Baltimore City and County.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63214

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 2d 1883
4. Place of Birth (Street and Number) 347 Penna Ave
5. Full Name of Mother Mary Jane Patterson
6. Mother's Maiden Name Meace
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Henry Patterson
9. Father's Occupation Plumber
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who make this Return. Elias C Price M.D.
Address 262 Madison Ave
Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63215

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 2^d 83.
4. Place of Birth (Street and Number) # 11 S. Carey
5. Full Name of Mother Lucanda Conway
6. Mother's Maiden Name Una
7. Mother's Birthplace md.
8. Full Name of Father John Conway
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. G. Hutchinson M.D.
- Address 504 W. Fayette St.
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

13516

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

10th.
Male.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 2nd 1883.

4. Place of Birth (Street and Number)

Baltimore, 173. East Pratt st

5. Full Name of Mother

Mary Burns.

6. Mother's Maiden Name

"P." Mitchell

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Burns.

9. Father's Occupation

Laborer.

10. Father's Birthplace

Roscommon, Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Ann Kosman.

Address

No. 10 South Eden st.

Remarks

RETURN OF A BIRTH

6327

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 2/83

4. Place of Birth, (Street and Number)

276 William C.

5. Full Name of Mother,

Minna C. C.

6. Mother's Maiden Name,

Kaiser

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Ferdinand C. C.

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife

Address,

330 Hanover st.

Remarks,

RETURN OF A BIRTH

63218

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

L

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *Colored*

Date of Birth, *May 2, 1883*

Place of Birth, (Street and Number) *275 Mc Donough St Baltimore*

Full Name of Mother, *Isabella Grant*

Mother's Maiden Name, *Isabella Anderson*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Lucas R Grant*

Father's Occupation, *Porter*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Henrietta Glasgow*

Address *100 Elder Street extended*

Remarks *Delivered along nicely*

THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS

RETURN OF A BIRTH

63219

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 20 1883

4. Place of Birth, (Street and Number)

96 W. Fremont St

5. Full Name of Mother,

Virginia A. Pascoe

6. Mother's Maiden Name,

Allen

7. Mother's Birthplace,

Georgetown D.C.

8. Full Name of Father,

R. E. Pascoe

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Georgetown D.C.

Name of Medical Attendant, or other Person who makes this Return

J. H. Christian M.D.

Address,

431 Kennebec Ave.

Remarks,

RETURN OF A BIRTH 13220

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 2nd 1883

4. Place of Birth, (Street and Number)

No 1 Patapsco Avenue (anton)

5. Full Name of Mother,

Mollie Keys

6. Mother's Maiden Name,

Mollie Butler

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Columbus H. Keys

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Sullens

Address,

104 Curley Street

Remarks,

RETURN OF A BIRTH

13221

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"Name of mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) colored
 3. Date of Birth, May 2nd
 4. Place of Birth, (Street and Number) No 40 West St
 5. Full Name of Mother, Elizabeth Jackson
 6. Mother's Maiden Name, Elizabeth Ross
 7. Mother's Birthplace, Dorchester County
 8. Full Name of Father, George Jackson
 9. Father's Occupation, labourer
 10. Father's Birthplace, Dorchester County
 Name of Medical Attendant, or other Person who makes this Return Mrs Lydia Porter
 Address, No 4 patpsco avenue
 Remarks, healthy child

63222

JUN 11 1963

2. 1664.

- Maryland 1889.
No. 62. Maryland, road
Gitz. Hoff.
Sperk.
Baltimore
Kashian Hoff.
Luther
Cambridge.

Henr. Guntz

44-45 S. Abney St.

ITS PRINCIPLES AND STATISTICS

RETURN OF A BIRTH

13113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, may 24 1888

4. Place of Birth, (Street and Number) 2nd St. No 360

5. Full Name of Mother, Alice Brown

6. Mother's Maiden Name, Alice Plarley

7. Mother's Birthplace, Chicago, Indiana

8. Full Name of Father, Albert Brown

9. Father's Occupation, labor

10. Father's Birthplace, Charkety, Miller

Name of Medical Attendant, or other Person who makes this Return, Cholly Lewis and Wife

Address, 10 10 Calum St North Park

Remarks,

RETURN OF A BIRTH

13224

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 2 1883

4. Place of Birth, (Street and Number)

Balto Dallas St No 244

5. Full Name of Mother,

Mary Smisle

6. Mother's Maiden Name,

Mary Green

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Green

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary O'Leary

Address,

69 N Washington St

Remarks,

Mary O'Leary

11 63225

Baltimore City.

2

W. L.

May 21, 1993

52. Chairs are.

Robert M. Innes

Barbara Helen Kerr

Baltic

Philip E. Reed.

Coach Printer

Balla

or other Person who
makes this Return

182 E. Macmillan St

David H. Hillebrand

STY LISTING AND STATIONING

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65726

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May - 2 - 93
4. Place of Birth (Street and Number) 175 N. Carrollton Ave
5. Full Name of Mother Ballie B. Gayer
6. Mother's Maiden Name " Bailey
7. Mother's Birthplace Thomasville, Ga -
8. Full Name of Father Lease Gayer
9. Father's Occupation Merchant
10. Father's Birthplace Waterford, Va
Name of Medical Attendant, or other Person who makes this Return. John B. King, M.D.
Address 215 N. Carrollton
Remarks ave

RETURN OF A BIRTH 13227

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) ... Male

2. Race or Color, (if not of the white race) ... White

3. Date of Birth, ... May 9th

4. Place of Birth, (Street and Number) 158 Ramsey St

5. Full Name of Mother, Dorothea Lenz

6. Mother's Maiden Name, Keller

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, C. Lenz

9. Father's Occupation, Bakery

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return

Address, ...

Remarks, ...

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH 13227

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd Child

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 9th

4. Place of Birth, (Street and Number) 158 Ramsey St.

5. Full Name of Mother, Dorothea Lenz

6. Mother's Maiden Name, Keller

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, A. Lenz

9. Father's Occupation, Bakery

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Dr. L. Paddenby

Address, 166 S. Calvert St.

Remarks,

the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63228

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 3rd 1883

4. Place of Birth, (Street and Number)

No 136 Stockton St

5. Full Name of Mother,

Lizzie Wilson

6. Mother's Maiden Name,

Woods

7. Mother's Birthplace,

Essex Co Va

8. Full Name of Father,

Wesley Wilson

9. Father's Occupation,

Woodcarver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

H. Nelson M.D.

Address,

St. George Baltimore

Remarks,

THIS CARD IS TO BE PLACED IN THE BOOK OF THE REGISTER OF BIRTHS OF BALTIMORE CITY.

RETURN OF A BIRTH

63229

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 3 May

4. Place of Birth, (Street and Number) No 48 Jefferson St.

5. Full Name of Mother, Ida Schenberg

6. Mother's Maiden Name, " Rosenbush

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Schenberg

9. Father's Occupation, Grocery Store

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa M. M. M.

Address,

48 Holland St

Remarks,

RETURN OF A BIRTH

13730

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

122

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 3rd 1893

4. Place of Birth, (Street and Number)

342 Sharp St

5. Full Name of Mother,

Annie Collins

6. Mother's Maiden Name,

" Knapp

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Collins

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Koch

Address,

328 f Eithen St

Remarks,

born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62231

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *May 3, 1883*
4. Place of Birth (Street and Number) *No. 2 Miller St Balto. Md.*
5. Full Name of Mother *Dora Miller*
6. Mother's Maiden Name *Dora Jahn*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Martin Miller*
9. Father's Occupation *Sailor and Cutter*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Caroline Miller*
- Address *No. 6 Walker St. Baltimore Md.*
- Remarks

RETURN OF A BIRTH,

13232

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

May 3, 1883

3. Date of Birth

May 3, 1883

4. Place of Birth, (Street and Number)

71 Orleans St

5. Full Name of Mother

Ann M. E. Hallis

6. Mother's Maiden Name

McShane

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edward Hallis

9. Father's Occupation

Shoe and Leather

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edward M. Davis

Address

54 E. 11th St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH,

63833

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^{the}

1. Sex (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth 3th May

4. Place of Birth, (Street and Number) 144 Longest St

5. Full Name of Mother Mary Ulsz

6. Mother's Maiden Name Bonjak

7. Mother's Birthplace Baltimore

8. Full Name of Father Peter Bonjak

9. Father's Occupation —

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Maria Guttner

Address S. Wolfe St 245

Remarks —

name of the mother of such child or children.

RETURN OF A BIRTH

63234

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 3rd

4. Place of Birth, (Street and Number)

247 George St.

5. Full Name of Mother,

Mrs. Laura Carroll

6. Mother's Maiden Name,

Mrs. Booker

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Jos. A. Carroll

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

H. F. Hill, M.D.

Address,

443 Franklin St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1323
63235

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 3, 1883

4. Place of Birth, (Street and Number) 1424 N. 1st St.

5. Full Name of Mother, Caroline Demling

6. Mother's Maiden Name, Caroline Hochler

7. Mother's Birthplace, Gausbach, Prussia, Germany

8. Full Name of Father, Constantine Demling

9. Father's Occupation, Tinner

10. Father's Birthplace, Studenitz, Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 1424 N. 1st St.

Remarks.

RETURN OF A BIRTH 13236

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 3d

4. Place of Birth, (Street and Number) 12 LeClerc St,

5. Full Name of Mother, Eliza Jane Smith

6. Mother's Maiden Name, Eliza Jane Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr H W Smith

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return St. Lewis

Address, 2 Cathedral St.

Remarks,

RETURN OF A BIRTH

63237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third child

1. Sex, (state whether male or female)

Male child

2. Race or Color, (if not of the white race)

colored child

3. Date of Birth,

3 of May 1883,

4. Place of Birth, (Street and Number)

230, 1/2 Ragbidge St

5. Full Name of Mother,

Lizzie Satchel

6. Mother's Maiden Name,

Baltimore Md

7. Mother's Birthplace,

Robert Batson

8. Full Name of Father,

Hard Carriery

9. Father's Occupation,

Baltimore City

10. Father's Birthplace,

May C Jones

Name of Medical Attendant, or other Person who makes this Return

Address,

10 17 1/2 Woodward St

Remarks,

RETURN OF A BIRTH 60238

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3rd May 1883

4. Place of Birth, (Street and Number)

89 Patuxent Street (canton)

5. Full Name of Mother,

Mary Zebeline

6. Mother's Maiden Name,

Mary Benton

7. Mother's Birthplace,

Kent County

8. Full Name of Father,

George Zebeline

9. Father's Occupation,

Conductor

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Gullens

Address,

104 Hurley Street Canton

Remarks,

RETURN OF A BIRTH

132³⁹
X8

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 3rd 1883*
4. Place of Birth, (Street and Number) *No. 106 N. Central av.*
5. Full Name of Mother, *Lizzie Allenbaugh*
6. Mother's Maiden Name, *Lizzie Rothamel*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Allenbaugh*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *W. A. Butt*
- Address, *No. 185 S.E. cor. Central av. & Monument St.*
- Remarks, *All Well*

Birth of child should be reported to the Registrar of Vital Statistics, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and in such cases the parents or persons having charge of the child shall be held to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May. 3rd 1883.*

4. Place of Birth, (Street and Number) *No. 914, N. Pratt, St.*

5. Full Name of Mother, *Anne Little*

6. Mother's Maiden Name, *van Rensselaer*

7. Mother's Birthplace, *Harford County.*

8. Full Name of Father, *Richard Little*

9. Father's Occupation, *Cen. inspector.*

10. Father's Birthplace, *Virginia.*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. M. L. L. L.*

Address, *1725 S. M. Ave. St.*

Remarks,

RETURN OF A BIRTH 13341

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 3 1883

4. Place of Birth, (Street and Number)

3 W. Lombard St.

5. Full Name of Mother,

Lisabeth Hoos

6. Mother's Maiden Name,

Bach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Hoos

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Hoos

Address,

236 E. State St.

Remarks,

RETURN OF A BIRTH, *63247*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

While

3. *Date of Birth*

May 4th 1883

4. *Place of Birth, (Street and Number)*

No. 83. Park Avenue

5. Full Name of Mother

Lillie Hanson Falconer

6. *Mother's Maiden Name*

Lillian Hanson Hodges

7. Mother's Birthplace

Baltimore

8. *Full Name of Father*

Alexander Falconer

9. Father's Occupation

black

10. *Father's Birthplace*

Ballymore

Name of Medical Attendant, or other Person who makes this Return.

allimore
P. O. Wilson
Danne

Address

146 Park Avenue

Remarks

RETURN OF A BIRTH

63243

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 4th

4. Place of Birth, (Street and Number)

146 Division St.

5. Full Name of Mother,

Rosa Reuschling

6. Mother's Maiden Name,

" Rirth

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Louis Reuschling

9. Father's Occupation,

Clark

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

C. D. Buddenbom M.D.

Address,

146 S. Faca St.

Remarks,

RETURN OF A BIRTH 63244

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3a

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 4

4. Place of Birth, (Street and Number)

Hickory Cor Front

5. Full Name of Mother,

Mary Paddy

6. Mother's Maiden Name,

Mary Nelson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Paddy

9. Father's Occupation,

Porter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mr. Worden

Address,

Remarks,

170 Greenmount Ave.

63245

BALTIMORE CITY.

(1) first

female

white

May 4 - 1883

85 Dover st

Augusta Long Herrman

Augusta Long.

Baltimore City

Frederick Herkman

Cart driver

Baltimore City

Mrs. Runigunda Schifer

Return
20 Columbia Ave.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63246

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 4 1883

4. Place of Birth, (Street and Number)

36 Reddy St

5. Full Name of Mother,

Marguerite Witt

6. Mother's Maiden Name,

Schuck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Witt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Mary Koch

Address,

328 E. Euter St

Remarks,

RETURN OF A BIRTH

63247

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female)

6th

2. Race or Color, (if not of the white race)

Male

3. Date of Birth,

Brown skin

4. Place of Birth, (Street and Number)

May 4th 1883

5. Full Name of Mother,

Martha Wheeler

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Allen Wheeler

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louisa Seaton

Address,

Remarks,

b3 248

BALTIMORE CITY.

12

male

which

May 4 1983

106 Helen St

Many
Leonora

Mr. Loran

District Commr

Labrador

Belmont

W. Heath W.D.

Name of Medical Attendant, or other Person who makes this Return

149 G. L. L. L.

Remarks, —

for caps delivery - boots coming well

RETURN OF A BIRTH

63249

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th, of May
4. Place of Birth, (Street and Number) 29 S. Euter St.
5. Full Name of Mother, Annie Ellenbrock
6. Mother's Maiden Name, Annie Alheit
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Bernhard Ellenbrock
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Walter

Address,

126 N. Caroline St.

Remarks,

RETURN OF A BIRTH

13250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second (2^d)

1. Sex, (state whether male or female)

Female

1023

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 4th 1880 -

4. Place of Birth, (Street and Number)

Matronite House - 161 N. Lombard

5. Full Name of Mother,

Ida Barnes

6. Mother's Maiden Name,

Washington D.C.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

W. Page M. Lintock M.D.

Address,

161 N. Lombard St.

Remarks,

Child Illegitimate

of race, color, or children.

RETURN OF A BIRTH.

63251

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

5. 4. 88

4. Place of Birth (Street and Number)

192 Mulberry St

5. Full Name of Mother

Katherine Alice Ebaugh

6. Mother's Maiden Name

Rinal

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Ray H. Ebaugh

9. Father's Occupation

dead

10. Father's Birthplace

Canoe Co, Md

Name of Medical Attendant, or other Person who makes this Return.

Wm Eastman M.

Address

349 Beres

Remarks

Natural

name of the mother of such child or children.

RETURN OF A BIRTH

13252

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 4, 1883.

4. Place of Birth, (Street and Number)

No 22. Barnes St.

5. Full Name of Mother,

Majdalena Vacek

6. Mother's Maiden Name,

Tichai

7. Mother's Birthplace,

Togice, Bohemia,

8. Full Name of Father,

John Vacek

9. Father's Occupation,

Labor

10. Father's Birthplace,

Vadex Kov, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Josephina Konrad

Address,

No 20. Barnes St.

Remarks,

RETURN OF A BIRTH

63213

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 4th 1883

4. Place of Birth, (Street and Number)

127 Gough st

5. Full Name of Mother,

Minnie Gillott

6. Mother's Maiden Name,

" Lake

7. Mother's Birthplace,

City

8. Full Name of Father,

Thomas Gillott

9. Father's Occupation,

Printer

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betsy

Address,

120 Bank st

Remarks,

RETURN OF A BIRTH

63254

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 4th 1883

4. Place of Birth, (Street and Number)

134 S Bond St

5. Full Name of Mother,

Elizabeth Mayers

6. Mother's Maiden Name,

" Umbach

7. Mother's Birthplace,

City

8. Full Name of Father,

Gustave Mayers

9. Father's Occupation,

Steward

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Elizabeth Jutz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

63250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 4th 1883

4. Place of Birth, (Street and Number)

32 Gist St

5. Full Name of Mother,

Mary Steinberger

6. Mother's Maiden Name,

Evert

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Johann Steinberger

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Bitz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

13256

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fourth (4th)

1. Sex, (state whether male or female)

Female

JUN
6
1883

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 11 1883

4. Place of Birth, (Street and Number)

147 Harford Ave

5. Full Name of Mother...

Elizabeth C. Knight

6. Mother's Maiden Name,

" Heim

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Theodore H. Knight

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Port Deposit Md

Name of Medical Attendant, or other Person who makes this Return

Regina S. Winter

Address,

186 Harford Ave

Remarks,

RETURN OF A BIRTH

63257

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of May
4. Place of Birth, (Street and Number) 190 Saratoga Baltimore Md
5. Full Name of Mother, Mary Jane Mincher
6. Mother's Maiden Name, Mary Jane Wroten
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Bernard Mincher
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Seebach
- Address, 439
- Remarks,

RETURN OF A BIRTH

63258

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 18 1888

4. Place of Birth, (Street and Number)

60 Division St

5. Full Name of Mother,

Mrs. A. Smithman

6. Mother's Maiden Name,

Marag Ross

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm. Smithman

9. Father's Occupation,

Milk Dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. H. Mesinger

Address,

345- Penna ave

Remarks,

RETURN OF A BIRTH, 63359

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child
1. Sex (state whether male or female) _____
2. Race or Color, (if not of the white race) W
3. Date of Birth May 5, 1883
4. Place of Birth, (Street and Number) Lutherville
5. Full Name of Mother Adeline Hastings
6. Mother's Maiden Name ad Hillis
7. Mother's Birthplace Baltimore
8. Full Name of Father Reb. Hastings
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. H. Patterson M.D.
- Address 28 Franklin
- Remarks _____

RETURN OF A BIRTH

13260

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5^c

1. Sex, (state whether male or female)

2 Males

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May the 15 1883

4. Place of Birth, (Street and Number)

Brew Street No 15

5. Full Name of Mother,

Mary Northhouse

6. Mother's Maiden Name,

Mary Conally

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John S. Northhouse

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. S. Kelly

Address,

No 792 Pratt St

Remarks,

RETURN OF A BIRTH.

63261

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mary J. Smith*
1. Sex (state whether Male or Female) *Charles H. Smith*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Baltimore, Md. May 4 1889*
4. Place of Birth (Street and Number) *149 York St.*
5. Full Name of Mother *Mary J. Smith*
6. Mother's Maiden Name *Mary J. Smith*
7. Mother's Birthplace *in Baltimore*
8. Full Name of Father *Joseph J. Smith*
9. Father's Occupation *at work*
10. Father's Birthplace *in Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. A. R.*
- Address
- Remarks

State, as to each physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13262

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 4th

4. Place of Birth, (Street and Number)

530 Cross St

5. Full Name of Mother,

May Reesides

6. Mother's Maiden Name,

" Pascal

7. Mother's Birthplace,

City

8. Full Name of Father,

Wm F. Reesides

Father's Occupation,

Barkeeper

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

J. Burch M.D.

Address,

151 Hanover St

Remarks,

born, or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

63263

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child May 4/83
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 4th 1883
4. Place of Birth (Street and Number) #40 Stockholm St Balto
5. Full Name of Mother Rose E. Johns
6. Mother's Maiden Name Rose E. Anderson
7. Mother's Birthplace Wicomaco co Md
8. Full Name of Father Wm A. Johns
9. Father's Occupation Rugler & Gilbert, Lumber yard
10. Father's Birthplace Carolin co Md
- Name of Medical Attendant, or other Person who makes this Return. Lavinia Mills
- Address 46 Stockholm St Balto
- Remarks

Birth, as to their proper location, whether full born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 5: 6:50 A.M. 1883*

4. Place of Birth (Street and Number) *121 G. State St.*

5. Full Name of Mother *Fannie Adela Gannell*

6. Mother's Maiden Name *A. A. Robinson*

7. Mother's Birthplace *Connecticut*

8. Full Name of Father *Lucas Gifford Gannell*

9. Father's Occupation *Cigar Maker*

10. Father's Birthplace *Mass.*

Name of Medical Attendant, or other Person who makes this Return.

Address *299 E. Baltimore St.*

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH *63265*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 3 1883*

4. Place of Birth, (Street and Number) *1935 Baltimore St*

5. Full Name of Mother, *Louisa B. Campen*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *" "*

8. Full Name of Father, *Henry C. Campen*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *" "*

Name of Medical Attendant, or other Person who makes this Return *Frederick Cooke M.D.*

Address, *per M.*

Remarks,

RETURN OF A BIRTH

13266

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 5th 1883*
4. Place of Birth, (Street and Number) *87 S. Caroline st.*
5. Full Name of Mother, *Maggie Siegrist*
6. Mother's Maiden Name, *Hack*
7. Mother's Birthplace, *Baltimore County Md.*
8. Full Name of Father, *John Siegrist*
9. Father's Occupation, *Upsetter*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Hannah Smoother*
- Address, *134 S. Caroline st.*
- Remarks,

RETURN OF A BIRTH

13267

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

5 of May

4. Place of Birth, (Street and Number)

240 Howard Street

5. Full Name of Mother,

Jimmie J. J. J.

6. Mother's Maiden Name,

7. Mother's Birthplace,

Chesapeake County

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Miller, J. S. S.

Address,

12 Plum Alley

Remarks,

RETURN OF A BIRTH

13268

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether 1st, 2d, 3d, &c.) (9) ninth female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 5th 1883
4. Place of Birth, (Street and Number) 23 Ringold St
5. Full Name of Mother, Louise Haverstroh
6. Mother's Maiden Name, Louise Windolf
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Julius Haverstroh
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return Miss. Kuregunda Schlifer
- Address, 20 Columbia St.
- Remarks,

RETURN OF A BIRTH

63269

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

17th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 5th 1883

4. Place of Birth, (Street and Number)

46 China St.
Amelia Morand

5. Full Name of Mother

Kranci Amelia Morand

6. Mother's Maiden Name,

Amelia Kranci

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Amos Morand,

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Hook

Address,

328 Eutam St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 5th 83.

4. Place of Birth, (Street and Number)

299 Eager Street.

5. Full Name of Mother,

Kate Burr Frankholz

6. Mother's Maiden Name,

Kate Burr

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Frankholz

9. Father's Occupation,

Wood carrier.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Henri Hillegeist

Address,

182 E. Monument St.

Remarks,

Section 10 of the Act of 1882, relating to the Registrar of Vital Statistics, requires that the duty of the parent or person who shall report the birth of a child to the Registrar of Vital Statistics, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

63271

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 1st 1885

4. Place of Birth (Street and Number) Springe 25

5. Full Name of Mother Dora Lane

6. Mother's Maiden Name Dora Knack

7. Mother's Birthplace City of India

8. Full Name of Father Frank Jones

9. Father's Occupation Boatman

10. Father's Birthplace Port of Spain

Name of Medical Attendant, or other Person who makes this Return. My Sister Evelyn

Address 466 York St. New Bedford

Remarks

RETURN OF A BIRTH, 63272

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth May 5th 1887
4. Place of Birth, (Street and Number) N^o 16 Clement St
5. Full Name of Mother Fredricka Rautenberg
6. Mother's Maiden Name Fredricka Semke
7. Mother's Birthplace Germany
8. Full Name of Father Lawrence Rautenberg
9. Father's Occupation Laborer
- Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Catherine Hoerning
- Address N^o 18 Byrd St
- Remarks _____

RETURN OF A BIRTH, 13373

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 5th 1883

4. Place of Birth, (Street and Number) N^o 18 - Beach st

5. Full Name of Mother Sarah Rutner

6. Mother's Maiden Name Sarah Folk

7. Mother's Birthplace Baltimore

8. Full Name of Father George Rutner

9. Father's Occupation Carpenter

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return. Katherine Kernung

Address N^o 18 Byrd st

Remarks

RETURN OF A BIRTH

63274

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 of May

4. Place of Birth, (Street and Number) 56 N. Ann Street

5. Full Name of Mother, Kate Collenberg

6. Mother's Maiden Name, Kate Herrmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George W. Collenberg

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Walter

Address, 126 N. Caroline St.

Remarks,

RETURN OF A BIRTH 63270

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 5th 1883 11 am

4. Place of Birth, (Street and Number)

Maternity Hosp't 161 W. Lombard St

5. Full Name of Mother,

Mrs. S. C. Smith

6. Mother's Maiden Name,

unknown

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

H. Page M. Antosh Res Physician

Address,

Maternity Hosp't 161 W. Lombard St

Remarks,

Supposed to be legitimate

RETURN OF A BIRTH.

63276

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 5th 1883
4. Place of Birth (Street and Number) 104 N. Ann St
5. Full Name of Mother Gertrude Dougherty
6. Mother's Maiden Name Dunn
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Geo W Dougherty
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. D W Catherin Md
- Address 213 N. Mary
- Remarks

RETURN OF A BIRTH

63277

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 5 1883

4. Place of Birth, (Street and Number)

148 Sower St

5. Full Name of Mother,

Martha Johns

6. Mother's Maiden Name,

Martha Rust

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Edw. Johns

9. Father's Occupation,

Carpenter

10. Mother's Birthplace,

Balto city

Name of Medical Attendant, or other Person who makes this Return

Dr. H. H. H.

Address,

1837

Remarks,

Small, no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars and to imprisonment, and to be considered as other than persons who are respectable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Bertha Luck

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

21 May 1880 in Germany

4. Place of Birth, (Street and Number)

19 St. Chow St.

5. Full Name of Mother,

Bertha Luck

6. Mother's Maiden Name,

Bertha Schell

7. Mother's Birthplace,

Hirschberg Prussia

8. Full Name of Father,

Heinrich Luck

9. Father's Occupation,

Baker

10. Father's Birthplace,

Hirschberg Prussia

Name of Medical Attendant,

or other Person who makes this Return

Stana Schmeckert

Address,

57 E Lombard St.

Remarks,

nothing

RETURN OF A BIRTH

63279

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 6 1883*

4. Place of Birth, (Street and Number) *2601 E. Carey St.*

5. Full Name of Mother, *Mrs. Amelia Baker*

6. Mother's Maiden Name, *Harrison*

7. Mother's Birthplace, *Bedford County, Virginia*

8. Full Name of Father, *George Henry Hall*

9. Father's Occupation, *carriage driver*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, *J. V. Harrison*
or other person who makes this return

Address, *2601 E. Carey St.*

Remarks,

RETURN OF A BIRTH

63280

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 6th

4. Place of Birth, (Street and Number)

No 170 Angelle Ave

5. Full Name of Mother,

Emma J. Dyer San

6. Mother's Maiden Name,

— Dyer —

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Wesley B. San

9. Father's Occupation,

Lin & Speck Dr. Marker

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. Whittier

Address,

Remarks,

RETURN OF A BIRTH

63281

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)... (1) first

1. Sex, (state whether male or female) ... male

2. Race or Color, (if not of the white race) ... white

3. Date of Birth, ... May 6 - 1883

4. Place of Birth, (Street and Number) ... 158 north Eutaw st

5. Full Name of Mother, ...

6. Mother's Maiden Name, ... Dora Behl

7. Mother's Birthplace, ... Baltimore City

8. Full Name of Father, ...

9. Father's Occupation, ...

10. ● Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return ... Mrs Punigunda Schlifer

Address, ... 20 Columbia St.

Remarks, ...

of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

RETURN OF A BIRTH, 13282

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 11

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth May 6 1883

4. Place of Birth, (Street and Number) 328 Orchard Street

5. Full Name of Mother Mary E. Brennan

6. Mother's Maiden Name Mary E. Withers

7. Mother's Birthplace Baltimore City

8. Full Name of Father Edward Brennan

9. Father's Occupation Cooper

Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary Ann 153

Address Hollingtown Avenue

Remarks

RETURN OF A BIRTH

68283

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 6th 1883

4. Place of Birth, (Street and Number) Redgraves Court No 2

5. Full Name of Mother, Sarah Ford

6. Mother's Maiden Name,

7. Mother's Birthplace, Flosschester County Virginia

8. Full Name of Father, William Ford

9. Father's Occupation, waiter

10. Father's Birthplace, Accomac County Va

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

RETURN OF A BIRTH

63284

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6 May 1883

4. Place of Birth, (Street and Number) 59 of Washington St.

5. Full Name of Mother, Mary Rebn

6. Mother's Maiden Name, " Bauer

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, George F. Rebn

9. Father's Occupation, Barber

10. Father's Birthplace, Wittenberg Europe

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rosa M. M. M.

Address,

45 1/2 Baltimore St.

Remarks,

Should be filled out by the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall harbor or fail to comply with the provisions of this section shall be subject to a fine of ten dollars or such other penalty, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6 May 1883

4. Place of Birth, (Street and Number)

380 North Gay St.

5. Full Name of Mother,

Georgia Altrater

6. Mother's Maiden Name,

Georgia Crane

7. Mother's Birthplace,

Richmond Va.

8. Full Name of Father,

Garrett Altrater

9. Father's Occupation,

Stone cutter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Henry Hallquist

Address,

142 E. Monument Street

Remarks,

RETURN OF A BIRTH, 13286

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) *Fourth*

1. Sex (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *May 6th 1883*

4. Place of Birth, (Street and Number) *87 Gough St*

5. Full Name of Mother *Sarah Blum*

6. Mother's Maiden Name *Sarah Hecht*

7. Mother's Birthplace *Baltimore City Md*

8. Full Name of Father *Lehman Blum*

9. Father's Occupation *Clothier*

10. Father's Birthplace *Baltimore City Md*

Name of Medical Attendant, or other Person who makes this return. *Nicholas L. Dashiell, Jr*

Address *207 E. Broadway*

Remarks *Gracilis*

Name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

63287
MAY 9 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 kids

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 6 Mar

4. Place of Birth, (Street and Number) Shaler Street 248

5. Full Name of Mother, Maria Schaub

6. Mother's Maiden Name, M.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schaub

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Anna Walter

237 E. Bay Street

RETURN OF A BIRTH

13288

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Aug 6 1883*
4. Place of Birth, (Street and Number) *107 Johnson St. Bal. Md.*
5. Full Name of Mother, *Annie Hurby*
6. Mother's Maiden Name, *Annie Nash*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James Hurby*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Wm. Nash*
- Address, *107 Johnson St. Baltimore Md.*
- Remarks,

RETURN OF A BIRTH

13289

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female) ..

Male

2. Race or Color, (if not of the white race) ..

White

3. Date of Birth, ..

May 6th 1883

4. Place of Birth, (Street and Number)

303 Carrollton Ave

5. Full Name of Mother, ..

Clara C. Robinson

6. Mother's Maiden Name, ..

Clara Capron

7. Mother's Birthplace, ..

Annapolis Md

8. Full Name of Father, ..

Wm. Bruce Robinson

9. Father's Occupation, ..

Clerk. B & O R.R.

10. Father's Birthplace, ..

B.C.

Name of Medical Attendant, or other person who makes this Return

J. Hamery Hill M.D.

Address, ..

119 E. ...

Remarks, ..

See also page 10, for instructions to the Registrar of Births and Deaths.

RETURN OF A BIRTH

63290

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 6/83
1018 J. Hanover st.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Elizabeth Heagy
Blackman

6. Mother's Maiden Name,

7. Mother's Birthplace,

Larica

8. Full Name of Father,

August Heagy
Tinner

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife
330 Hanover st.

Address,

Remarks,

RETURN OF A BIRTH

13291

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
8
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th Child.

1. Sex, (state whether male or female) Girl.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 6th of May 1882.

4. Place of Birth, (Street and Number) 159 Corner Baltimore and Canal St.

5. Full Name of Mother, Mary Looch.

6. Mother's Maiden Name, Mary Connan.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, James Connan.

9. Father's Occupation, Brass-molder.

10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 11 North Chappel St. per postman Kunkel

Remarks, Healthy.

RETURN OF A BIRTH

62592

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 6th 1883

4. Place of Birth, (Street and Number)

Matonite - 161 N. Lombard

5. Full Name of Mother,

Hannah Cairn

6. Mother's Maiden Name,

Mary Land

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

W. P. M. Introch

Address,

161 N. Lombard St.

Remarks,

"Child illegitimate"

RETURN OF A BIRTH

63293

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 6th

4. Place of Birth, (Street and Number) 161 Conway St.

5. Full Name of Mother, Margaret Dickinson

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jarvis Dickinson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

La bouch

Address, 1137

Remarks,

RETURN OF A BIRTH

63294

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Sept 1894

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 1st 1894

4. Place of Birth, (Street and Number)

104 Radcliff St.

5. Full Name of Mother,

Katrina Pauck

6. Mother's Maiden Name,

Katrina Pauck

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Bernard Pauck

9. Father's Occupation,

Cover

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Smith

Address,

104 Radcliff St.

Remarks,

RETURN OF A BIRTH

13295

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

May 6th

4. Place of Birth, (Street and Number)

118 Hill St

5. Full Name of Mother,

annie Jones

6. Mother's Maiden Name,

annie King

7. Mother's Birthplace,

St Marys County

8. Full Name of Father,

George Jones

9. Father's Occupation,

Salor

10. Father's Birthplace,

Calvert County

Name of Medical Attendant, or other Person who makes this Return

Mrs Lydia Porter

Address

no 4 patys co avenue

Remarks,

healthy child

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

RETURN OF A BIRTH

63296

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUL
1913

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks.

Boys
Male
White
May 6th. 1913
No. 61-S. Poppleton St.
Barbara Zimmerman
" Xavier
Hanover Germany
Frank Zimmerman
City Police Officer
Baltimore County
Mr. J. Leman
No 36 Frederick Ave.
A nice healthy child

to be filled out by the Registrar of the Office of Vital Statistics, Baltimore City, for the mother of the child or children.

RETURN OF A BIRTH

63297

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child.*
1. Sex, (state whether male or female)..... *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *May 7th 1883.*
4. Place of Birth, (Street and Number) *S. E. Corner of Wilhelm & Rayson Sts.*
5. Full Name of Mother, *Elizabeth Thorne.*
6. Mother's Maiden Name, *Crichton.*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Michael S. Thorne.*
9. Father's Occupation, *Labour.*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *John H. White, M.D.*
- Address, *342 N. Broadway,*
- Remarks,

RETURN OF A BIRTH

13195

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seven

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 7th 1883

4. Place of Birth, (Street and Number)

278 Bank St. Balto Md

5. Full Name of Mother,

Annabel Lang

6. Mother's Maiden Name,

Annabel

7. Mother's Birthplace,

Cecil Co. Md

8. Full Name of Father,

W. H. Lang

9. Father's Occupation,

Wharfinger

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. Hannah Knowles

Address,

150 S. Caroline St

Remarks,

RETURN OF A BIRTH

63299

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth
Male

M
T
1
3

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 8 1883

4. Place of Birth, (Street and Number)

147 (1st) St. Paul St. Ave.

5. Full Name of Mother,

Amanda Hayes

6. Mother's Maiden Name,

Cornelius

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

David Hayes

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who
makes this Return

Mary A. Allwell

Address, 286 N. Tenth St.

Remarks,

RETURN OF A BIRTH

13300

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

MAY
1913

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 7, 1883

4. Place of Birth, (Street and Number)

146 N. Caroline St.

5. Full Name of Mother,

Ellen Spearley

6. Mother's Maiden Name,

Murdoch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Spearley

9. Father's Occupation,

Chair Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Smith

Address, 286 N. Duncannon St.

Remarks,

RETURN OF A BIRTH

63301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 7th, 1883

4. Place of Birth, (Street and Number) No 448 D Belthel St

5. Full Name of Mother, Kate Schultz

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Schultz

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return W. Goetzke

Address, No 55, D Bond St

Remarks.

RETURN OF A BIRTH

63302

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 7th 1883

4. Place of Birth, (Street and Number)

No 1151 Hamburg st.

5. Full Name of Mother,

Constance Hegeman
Hertel

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Hegeman
Clerk

9. Father's Occupation,

10. Father's Birthplace:

Germany America

Name of Medical Attendant, or other Person who makes this Return

Schwaeser midwife
330 Hanover st

Address,

Remarks,

RETURN OF A BIRTH

13303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Aug 7 1883*
4. Place of Birth, (Street and Number) *No 71 Perry Street*
5. Full Name of Mother, *Mary Hemstead*
6. Mother's Maiden Name, *Anna Randel*
7. Mother's Birthplace, *County Maryland*
8. Full Name of Father, *Joseph Hemstead*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Deborah Thomas*
- Address, *71 Broadway Alley*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 7th

4. Place of Birth, (Street and Number)

No 30 30 Bank st

5. Full Name of Mother,

Elise Reck

6. Mother's Maiden Name,

" " Bindel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Yoh. Reck

9. Father's Occupation,

Copper smith

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Josphia S. S. S.

Address,

No 70 Granby st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Office of Health in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

63305

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 May 7 1883
4. Place of Birth, (Street and Number) 48 Camden St
5. Full Name of Mother, Anna Eckhardt
6. Mother's Maiden Name, " Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Eckhardt
9. Father's Occupation, Thiesse's Bookstore
10. Father's Birthplace, shoe maker
- Name of Medical Attendant, or other Person who makes this Return Mary Krol
- Address, 328 S. Eutan St
- Remarks,

Printed and Published by the City of Baltimore, at the Office of the Registrar of Vital Statistics, Board of Health.

RETURN OF A BIRTH

13306

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 7. 1883

4. Place of Birth, (Street and Number)

#274 Crossed

5. Full Name of Mother,

Mary Perry

6. Mother's Maiden Name,

" Champen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Perry

9. Father's Occupation,

Oyster dredger

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Kroh

Address,

328 f Euterpe

Remarks,

Printed and Stationed

RETURN OF A BIRTH, 13307

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

May 7, 1883

4. Place of Birth, (Street and Number)

58 Hillman St

5. Full Name of Mother

Mary J. Buchanan

6. Mother's Maiden Name

Murray

7. Mother's Birthplace

Balto

8. Full Name of Father

William E. Buchanan

9. Father's Occupation

Builder

Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Edward M. D. 2010

Address

54 W. 2nd St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

63308

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 7th 1883* *31 North Broadway*
4. Place of Birth, (Street and Number) *31 North Broadway*
5. Full Name of Mother, *Emma Charlotte Golfield*
6. Mother's Maiden Name, *Krook*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Alexander Yearsly Golfield*
9. Father's Occupation, *Bank Cashier*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *E. P. Irons M.D.*
- Address *375 E. Balto. St.*
- Remarks

born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13309

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eighth (8)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	African
3. Date of Birth	May 14th 1889
4. Place of Birth (Street and Number)	288 E. St.
5. Full Name of Mother	Mary Elizabeth Cooper
6. Mother's Maiden Name	Mary E. Hargrave
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	James Cooper
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore MD
Name of Medical Attendant, or other Person who makes this Return.	Whitfield Winney M.D.
Address	115 E. Fayette Street
Remarks	Infant. Natural and in full term

RETURN OF A BIRTH

13310

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May the 7 1883

4. Place of Birth, (Street and Number)

Stricker St No. 87

5. Full Name of Mother,

Magdalena M. Frances Furlberg

6. Mother's Maiden Name,

Magdalena M. France

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Olinos S. Furlberg

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. S. Pally

Address,

No 792 Pratt St

Remarks,

RETURN OF A BIRTH 65211

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7 Mar

4. Place of Birth, (Street and Number)

Washington Street No 80

5. Full Name of Mother,

Mari Ruth

6. Mother's Maiden Name,

" " Hless

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

David Ruth

9. Father's Occupation,

Manager

10. Mother's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. J. J. J. J.

Address,

Remarks,

Lombard Street No 278

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th
Femal - MINNIE L.

White

7th May

Charles H. Williams St
Rachael Marks

Allen
New Jersey

Saml Marks

Class Blower

New Jersey
J. C. Bench Md
151 Haverhill St

RETURN OF A BIRTH

13313

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Frank
male
white
May 8/83
114 Lexington St
Ana Gray
" Kinsey
Washington DC
Frank Gray

Dr. J. Blake
16 S. Race St

RETURN OF A BIRTH

63314

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 8
4. Place of Birth, (Street and Number) no Grand alley
5. Full Name of Mother, Emma Dent
6. Mother's Maiden Name, Emma Butler
7. Mother's Birthplace, St. Marys County
8. Full Name of Father, John Dent
9. Father's Occupation, Laborer
10. Father's Birthplace, Charles County
- Name of Medical Attendant, or other Person who makes this Return Charity Jones
- Address, no 410 Grand alley
- Remarks,

RETURN OF A BIRTH

13315

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 8th

4. Place of Birth, (Street and Number)

22 Campbell St

5. Full Name of Mother,

Cygnis Knäuf

6. Mother's Maiden Name,

Cygnis McGuire

7. Mother's Birthplace,

New York

8. Full Name of Father,

George M. Knäuf

9. Father's Occupation,

Coal Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary E. Bentley

Address,

Remarks,

Child living

RETURN OF A BIRTH

13316

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Print the name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *W.*
3. Date of Birth, *May 8/03*
4. Place of Birth, (Street and Number) *286 Ave. St.*
5. Full Name of Mother, *Cassie J. Buffham*
6. Mother's Maiden Name, *Jefford*
7. Mother's Birthplace, *London, Eng.*
8. Full Name of Father, *John H. Buffham*
9. Father's Occupation, *Photographer*
10. Father's Birthplace, *London, Eng.*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

*J. J. Williams M.D.
J. L. Bandy*

RETURN OF A BIRTH

13317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

May 1886

4. Place of Birth, (Street and Number)

568 E. Pratt

5. Full Name of Mother,

Ann C. Nelson

6. Mother's Maiden Name,

" " Smith

7. Mother's Birthplace,

Bald. Md.

8. Full Name of Father,

Lucas W. Nelson

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Bald. Md.

Name of Medical Attendant, or other Person who makes this return

J. L. Winston
440 W. 1st St.

Address,

Remarks,

THIS CARD IS TO BE FILED IN THE REGISTER OF SUCH CHILD OR CHILDREN.

RETURN OF A BIRTH.

13318

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

May 8th 1883

4. Place of Birth (Street and Number)

Eastman st no 237 Balto city

5. Full Name of Mother

Eliza Wright

6. Mother's Maiden Name

Eliza Bullen

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Wright

9. Father's Occupation

Sailor

10. Father's Birthplace

Charleston, Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Francis Granby

RETURN OF A BIRTH

13319

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

2. Sex, (state whether male or female)

female

3. Race or Color, (if not of the white race)

color

4. Date of Birth,

8 of May

5. Place of Birth, (Street and Number)

10 Wayne St. C

6. Full Name of Mother,

Lizzy Gante

7. Mother's Maiden Name,

Lizzy Tomson

8. Mother's Birthplace,

Baltimore Md.

9. Full Name of Father,

John A. Tomson

10. Father's Occupation,

hard care

11. Father's Birthplace,

Pringard

Name of Medical Attendant, or other Person who makes this Return

Dr. Miller, Gross

Address,

12 St. James St.

Remarks,

RETURN OF A BIRTH

13320

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d
Female
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 8th -

4. Place of Birth, (Street and Number)

10 Broadway

5. Full Name of Mother,

Jessie Romaine

6. Mother's Maiden Name,

Keilly

7. Mother's Birthplace,

Gallagher

8. Full Name of Father,

Romaine

9. Father's Occupation,

Clerk

10. Father's Birthplace,

United States

Name of Medical Attendant, or other Person who makes this Return

Wm. Whiting

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8th 1883

4. Place of Birth, (Street and Number) 303 Front St

5. Full Name of Mother, Mary Mc Cart.

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Mc Cart.

9. Father's Occupation, Plumber.

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Herold Hallquist

Address, 182 East Monument Street

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person making this return to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and each offense, to be recovered as other fines and penalties are recoverable.

Learn, as to the physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63322

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Primipara*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 8th 1883. 12. m.*
4. Place of Birth (Street and Number) *113. N. Carey st*
5. Full Name of Mother *Maggie Grinnale*
6. Mother's Maiden Name *Maggie McElwaine*
7. Mother's Birthplace *Washington. D. C.*
8. Full Name of Father *Albert J. Grinnale, Jr.*
9. Father's Occupation *Bookkeeper*
10. Father's Birthplace *Baltimore. Md.*
Name of Medical Attendant, or other Person who makes this Return. *A. H. Saxon, M.D.*
Address *543, Lexington st*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 8th*

4. Place of Birth, (Street and Number) *No. 118 Fayette St*

5. Full Name of Mother, *Elizabetha Holmner*

6. Mother's Maiden Name, *Henry*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Holmner*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *Sophia Green*

Remarks, *No. 70 Grandy St*

should any other person be so at variance upon the instance, immediately there after, it shall then become the duty of the Registrar to cause the same to be published in the Baltimore City Gazette, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63324

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2ⁿ
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May eighth
4. Place of Birth (Street and Number) No 1 Woodyear st.
5. Full Name of Mother Julia Powell
6. Mother's Maiden Name " "
7. Mother's Birthplace Balt city
8. Full Name of Father illegitimate.
9. Father's Occupation " "
10. Father's Birthplace " "
- Name of Medical Attendant, or other Person who makes this Return. Geor C. De M. D.
- Address 229 Mary St.
- Remarks

RETURN OF A BIRTH

10325

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 9th/1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Balt. May 24 1883.

4. Place of Birth, (Street and Number) 218 Bank Street

5. Full Name of Mother, Lizzie Micker.

6. Mother's Maiden Name, Lizzie Link.

7. Mother's Birthplace, America.

8. Full Name of Father, J. Micker.

9. Father's Occupation, Car. Maker.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend,

Address, 21 South Wolfe St.

Remarks, 4

RETURN OF A BIRTH

13326

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

8 May

4. Place of Birth, (Street and Number)

67 President street

5. Full Name of Mother.

Thally Singy
Cardements

6. Mother's Maiden Name,

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Constandine Singy

9. Father's Occupation,

Musicianer

10. Father's Birthplace.

Italy

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard street.

Remarks,

RETURN OF A BIRTH

13327

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) colored

3. Date of Birth,

May 8 - 83.

4. Place of Birth, (Street and Number)

36 Moores Alley.

5. Full Name of Mother,

Louisa Wilmore.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

B. B. Browne M.D.

Address,

Remarks,

Attended from Out-Patient Obstetrical Department of
Hennrich & Childs Hospital.
126 North Eutaw St.

RETURN OF A BIRTH

13328

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 8th 1888

4. Place of Birth, (Street and Number)

44 Corner 1st St
E. Corne Ballman

5. Full Name of Mother,

Elliott

6. Mother's Maiden Name,

Balto Md

7. Mother's Birthplace,

8. Full Name of Father,

John Ballman

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Mr. B. Pillsbury

Address,

256 E. Pratt St

Remarks,

RETURN OF A BIRTH

6329

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th May

4. Place of Birth, (Street and Number)

Baltimore No. 172 West St.

5. Full Name of Mother,

Barbara Eichhorn

6. Mother's Maiden Name,

Barbara Deper

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Barthel B. Eichhorn

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Munnich

Address,

1 Leinfell St

Remarks,

RETURN OF A BIRTH

63331

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, 8th May 1883
5. Place of Birth, (Street and Number) 57 S. Chestnut St.
6. Full Name of Mother, Elizabeth Karp
7. Mother's Maiden Name, Jones
8. Mother's Birthplace, Maryland
9. Full Name of Father, Nicholas Shew Karp
10. Father's Occupation, Stevenson
11. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this return E. L. Evans M.D.
- Address, 375 E. Balt. St.
- Remarks, _____

RETURN OF A BIRTH

63331

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

JUN 16 8-
Female
White
May 8. 1883
61 Hamilton St.
Rebecca Nathans,
Rebecca Collins,
Maryland
Thomas Nathans,
Dealer in Furniture,
Ireland
J. W. Honck, M.D.
75 E. Baltimore St.

RETURN OF A BIRTH

13352

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

JUN

1. Sex, (state whether male or female) Male

2

1893

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 8 1883

4. Place of Birth, (Street and Number) Cumberland Ave

5. Full Name of Mother, Augusta Kemper

6. Mother's Maiden Name, Augusta Walter

7. Mother's Birthplace, Germany

8. Full Name of Father, Gustave Kemper

9. Father's Occupation, Doctor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Dr. Wm. A. MacFarland

405 S. E. 1st Ave

RETURN OF A BIRTH

63333

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th May 1883

4. Place of Birth, (Street and Number) Balto Chapel St No 20

5. Full Name of Mother, Kate Wiselagh

6. Mother's Maiden Name,

7. Mother's Birthplace, Ireland

8. Full Name of Father, Joseph Wiselagh

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return

Address, 69 Washington St

Remarks,

Mary Kopish

RETURN OF A BIRTH

69334

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4

Child Baltimore Md

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7

May 1883

4. Place of Birth, (Street and Number)

155

Columbia Avenue

5. Full Name of Mother,

Male Hutton

6. Mother's Maiden Name,

Male Schmerbach

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Male Hutton

9. Father's Occupation,

Wapelding

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

No 12 Paterson Park Rd

Remarks,

RETURN OF A BIRTH.

13337

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 7. 5 22. A.M. 1883*

4. Place of Birth (Street and Number) *223 N. Broadway*

5. Full Name of Mother *Alice Blanche Joy*

6. Mother's Maiden Name *A. B. Horton*

7. Mother's Birthplace *Baltimore City*

8. Full Name of Father *William Miller Joy*

9. Father's Occupation *Cigar Maker*

10. Father's Birthplace *Balt. City*

Name of Medical Attendant, or other Person who makes this Return.

Address *217 E. Baltimore St.*

Remarks

RETURN OF A BIRTH

63336

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 24 1858

4. Place of Birth, (Street and Number)

No. 235 E. Lombard St

5. Full Name of Mother

Mrs. Maggie Keys

6. Mother's Maiden Name,

Hecker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Keys

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Goetzke

Address,

No. 56. S. Bond St

Remarks,

birth, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62337

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) _____

3. Date of Birth May 9th 1883

4. Place of Birth (Street and Number) 156 Fremont St

5. Full Name of Mother Harriet Stark

6. Mother's Maiden Name Harriet Scott

7. Mother's Birthplace New York

8. Full Name of Father Stephen Stark

9. Father's Occupation upholsterer

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. Mrs Richardson

Address 212 Dover St

Remarks _____

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63338

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)
1. Sex (state whether ~~Male~~ Female)
2. Race or ~~Color~~ (if not of the white race)
3. Date of Birth May 9 - 1883
4. Place of Birth (Street and Number) 44 S. Mount St
5. Full Name of Mother Amelia Ottensmeyer
6. Mother's Maiden Name - Grossmann
7. Mother's Birthplace Baltimore
8. Full Name of Father Eleazar Ottensmeyer
9. Father's Occupation Butcher -
10. Father's Birthplace Virginia -
- Name of Medical Attendant, or other Person who makes this Return. C. C. McDougal M. D.
- Address 642 W. Fayette St
- Remarks

should not other person be in attendance than the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance to sign the birth record, and if the parent or person in attendance fails to do so, he or she shall be liable to a fine of ten dollars, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 9/83

4. Place of Birth, (Street and Number)

72 Bartlett

5. Full Name of Mother,

Eliza Fish

6. Mother's Maiden Name,

Wald

7. Mother's Birthplace,

Rock Fish

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr. S. Blake

Address,

168 E. Pratt

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63341

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *May 9th 83.*
4. Place of Birth (Street and Number) *214 Barr St.*
5. Full Name of Mother *Margaret Jones*
6. Mother's Maiden Name *Margaret Marshall*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *Robt. Jones*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *J. F. Jones M. D.*
- Address *221 Barr St.*
- Remarks *all Right*

RETURN OF A BIRTH

13312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

9 May

4. Place of Birth, (Street and Number).

156 E. Lombard street

5. Full Name of Mother,

Annie O'hary

6. Mother's Maiden Name,

S'heller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick O'harry

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard street

Remarks,

RETURN OF A BIRTH

63345

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

9 May

4. Place of Birth, (Street and Number)

163 Madison street

5. Full Name of Mother,

Rosa Schaumlefel

6. Mother's Maiden Name,

Boston

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Nicholas Schaumlefel

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

63 3111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ Male, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
female
white

May 9, 1883

197 N. Eder
Mary Mc-Bride
" Keefe
Baltimore

Francis J. Mc-Bride
Blacksmith
Baltimore

11. Street MD

148 N Eder St

L. S. L. a - baby well

RETURN OF A BIRTH

633118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

May 9th 1883

4. Place of Birth, (Street and Number)

no 4 burgundays alley

5. Full Name of Mother,

bell Nelson

6. Mother's Maiden Name,

bell Parker

7. Mother's Birthplace,

eastern shore Virginia

8. Full Name of Father,

Charles Nelson

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Ann Dorsey

Address.

64 elbow Lane

Remarks.

five dollars

RETURN OF A BIRTH

15318

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex, (state whether male or female) *Female,*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *May 9. 1883*
 4. Place of Birth, (Street and Number) *425 E. Lombard St.*
 5. Full Name of Mother, *Ira, E. Rutter*
 6. Mother's Maiden Name, *" " Harris*
 7. Mother's Birthplace, *Richmond Ver.*
 8. Full Name of Father, *John H. Rutter*
 9. Father's Occupation, *Brick Layer*
 10. Father's Birthplace, *Catonsville, Balt. Co.*
 Name of Medical Attendant, or other Person who makes this Return, *W. C. King M.D.*
 Address, *Balt. & Wash. St.*
 Remarks, *Normal*

RETURN OF A BIRTH

63347

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

JUN
14
1863

1. Sex, (state whether male or female)

white female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 9th

4. Place of Birth, (Street and Number)

Howard st 29-6

5. Full Name of Mother,

Elizy Jamison

6. Mother's Maiden Name,

Seater

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jedema Jamison

9. Father's Occupation,

tin can maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Prof. M. M. M.

Address,

1 Barclay St. N.Y.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63348

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st living child*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 9th*
4. Place of Birth (Street and Number) *434 N Mount St*
5. Full Name of Mother *Millie Viola George*
6. Mother's Maiden Name *Millie Viola Scudisling*
7. Mother's Birthplace *Pennsylvania*
8. Full Name of Father *Charles A George*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *W. Hammond M.D.*
- Address *64 N Paca St Balt*
- Remarks

RETURN OF A BIRTH

63349

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
Sex, (state whether male or female) Female
Race or Color, (if not of the white race) White
Date of Birth, May 9th 1883
Place of Birth, (Street and Number) No. 185 S. Eden St.
Full Name of Mother, Marian Taylor
Mother's Maiden Name, Stanton
Mother's Birthplace, Baltimore
Full Name of Father, James Taylor
Father's Occupation, Printer
Father's Birthplace, Richmond
Name of Medical Attendant, or other Person who makes this Return, M. A. Butt
Address, No. 185 S. E. cor. Central av. & Monument St.
Remarks, All Well

RETURN OF A BIRTH

63310

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 9th. 1883*

4. Place of Birth, (Street and Number) *No. 515. Asquith St.*

5. Full Name of Mother, *Ella Baker*

6. Mother's Maiden Name, *Ella Magi*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Elidge Baker*

9. Father's Occupation, *Coatth. Trimmer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *W. A. Butt*

Address, *No 185. S.E. on Central av. & Monument St.*

Remarks, *All Well*

RETURN OF A BIRTH

13351

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 9th 1883

4. Place of Birth, (Street and Number)

No 7 Will St

5. Full Name of Mother.

Mary Shaney

6. Mother's Maiden Name,

Nordman

7. Mother's Birthplace,

City

8. Full Name of Father,

Frank Shaney

9. Father's Occupation,

Builder

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Belf

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

63352

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6th child*
1. Sex, (state whether male or female) *a female*
2. Race or Color, (if not of the white race) *of the white race*
3. Date of Birth, *Monday the ninth*
4. Place of Birth, (Street and Number) *in Lemon street No 12*
5. Full Name of Mother, *Mary Schmale*
6. Mother's Maiden Name, *Mary Kenciling*
7. Mother's Birthplace, *from Baltimore*
8. Full Name of Father, *Jacob Schmale*
9. Father's Occupation, *he is a Shoemaker*
10. Father's Birthplace, *from Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Seebach.*
Address, *West Pratt street*
Remarks, *439*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

May 9th 1883

4. Place of Birth, (Street and Number)

179 Conner Street

5. Full Name of Mother,

Barbara Hoeckel

6. Mother's Maiden Name,

Barbara Baritz

7. Mother's Birthplace,

Howard County Md.

8. Full Name of Father,

F. Hoeckel.

9. Father's Occupation,

Glass Stainer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Hend Hillquist

Address,

182 East Monument St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

63312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 10th May 1883

4. Place of Birth, (Street and Number)

Balto Duncan st No. 56

5. Full Name of Mother,

Elisabeth Shwinger

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Shwinger

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Oaptish

Address,

69 No. Washington st

Remarks,

Mary Oaptish

RETURN OF A BIRTH

63357

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 15 May 1883

4. Place of Birth, (Street and Number)

Balto Ann St No 259

5. Full Name of Mother,

Barbara Jarouschek

6. Mother's Maiden Name,

Bar Friska

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Jarouschek

9. Father's Occupation,

Labour

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Koptish

Address,

69 N Washington St

Remarks,

Mary Koptish

RETURN OF A BIRTH

63316

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Francis Almann

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

10 May

4. Place of Birth, (Street and Number)

327 Central Avenue

5. Full Name of Mother,

Elisabeth Almann

6. Mother's Maiden Name,

Elisabeth Eruberg

7. Mother's Birthplace,

Pine Brook, Hanover

8. Full Name of Father,

Henry Almann

9. Father's Occupation,

Cigar manufacturer

10. Mother's Birthplace,

Loose, Oldenburg

Name of Medical Attendant, or other Person who makes this Return

Laura Watson

Address,

939 E. Eager Street, Doris

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Child Cealla Bathilde

girl

white

10 Nov

327 Central Avenue

Elisabeth A. Hermann

Elisabeth Rulberg

Grasbruch Hanover

Therai A. Hermann

Cigar manufacturer

Loane Hanover

Anna Walser

229 E. Bager Street

RETURN OF A BIRTH *6318*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 11th 1883

4. Place of Birth, (Street and Number)

Baltimore Parkin St No. 120

5. Full Name of Mother,

Ellen Beadcamp

6. Mother's Maiden Name,

" Dietrich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Beadcamp

9. Father's Occupation,

Shoachinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. L. Mitchell

Address,

No. 58 Parkin

Remarks,

RETURN OF A BIRTH 63359

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 10th 1883

4. Place of Birth, (Street and Number) Baltimore Bayd. St. No. 40

5. Full Name of Mother, Mary M^{rs}. Carren

6. Mother's Maiden Name, Carren

7. Mother's Birthplace, Ireland

8. Full Name of Father, John. M^{rs}. Carren

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No. 58 Parkin St.

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10th of May 1883

4. Place of Birth, (Street and Number)

on Eastern 1

5. Full Name of Mother,

Annie Mc ~~W~~ Hatcher

6. Mother's Maiden Name,

Annie Mc Hanna

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James W. Hatcher

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Wm. Wiley

Address,

No 12 Paton Park Sta.

Remarks,

RETURN OF A BIRTH

62261

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 10th 1883

4. Place of Birth, (Street and Number)

116 Pauliney st.

5. Full Name of Mother,

Margareth Bauers

6. Mother's Maiden Name,

Epp

7. Mother's Birthplace,

America

8. Full Name of Father,

Joseph Bauers

9. Father's Occupation,

Cannemaker

10. ☒ Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwaesser midwife

Address,

320 Hanover st.

Remarks,

RETURN OF A BIRTH

63362

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 10th 1883

4. Place of Birth, (Street and Number)

No 5-Clarkson st.

5. Full Name of Mother

Mary Wieland

6. Mother's Maiden Name,

Zimmerman

7. Mother's Birthplace,

America

8. Full Name of Father,

John Wieland

9. Father's Occupation,

laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Sabwasser midwife

Address,

530 Hanover st

Remarks,

RETURN OF A BIRTH

63363

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

May 10. 1883

4. Place of Birth, (Street and Number)

97 Chestnut St

5. Full Name of Mother.

Josephine Roberts

6. Mother's Maiden Name.

7. Mother's Birthplace.

Cambridge Mass

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address.

5. Forrest St.

Remarks.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63364

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4. #
Female
White

May 10th 83. 4. A.M.

77. Arlington Ave.
Maggie Keller

Maggie Maternus
Fredericktown, Va.

John Keller
Dairyman.
Doct and

A. H. Sutton, M.D.

173. Lexington St

RETURN OF A BIRTH

63365

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, _____
4. Place of Birth, (Street and Number) N. E. Cor. Western Chester & Gough Sts.
5. Full Name of Mother, Annie E. Denkin
6. Mother's Maiden Name, Flake
7. Mother's Birthplace, Harrisburg Pennsylvania
8. Full Name of Father, Charles Denkin
9. Father's Occupation, Pierman on Tug Boat.
10. Father's Birthplace, Battle
- Name of Medical Attendant, or other Person who makes this Return J. G. Groves M.D.
- Address, 137 Orleans St.
- Remarks, _____

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63366

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *May 10th 83.*
4. Place of Birth (Street and Number) *249 Lee St.*
5. Full Name of Mother *Anna Buckley*
6. Mother's Maiden Name *Anna Gregory*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Jacob L. Buckley*
9. Father's Occupation *Labrer*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *J. J. Smith M.D.*
- Address *221 Barr St.*
- Remarks *Natural E. Easy*

RETURN OF A BIRTH

62367

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

10 May

4. Place of Birth, (Street and Number)

130 Gramberry street

5. Full Name of Mother.

Catherine Midin

6. Mother's Maiden Name,

Dondly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Midin

9. Father's Occupation,

Policeman

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Carol Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

63368

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, May 10. 83.

4. Place of Birth, (Street and Number) 126 N Entaw St. Balto

5. Full Name of Mother, Annie

6. Mother's Maiden Name, Annie Lowe

7. Mother's Birthplace, New York.

8. Full Name of Father, Francis

9. Father's Occupation, Plasterer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

May R Owen M.D.

Address,

Remarks,

RETURN OF A BIRTH

13369

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10th 1883
4. Place of Birth, (Street and Number) No. 200 N. Ann St.
5. Full Name of Mother, Mrs. Sophia Barbour
6. Mother's Maiden Name, Miss Sophia Rigel
7. Mother's Birthplace, Kentucky
8. Full Name of Father, Alexander Barbour
9. Father's Occupation, Carman
10. Father's Birthplace, Baltimore City
Name of Medical Attendant, or other Person who makes this Return Mrs. Rachel F. Garrett
Address, No. 65 Barker St.
Remarks,

RETURN OF A BIRTH, 13370

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race) W

3. Date of Birth May 10 1883

4. Place of Birth, (Street and Number) 158 Dolphin St

5. Full Name of Mother Emma Simms

6. Mother's Maiden Name Emma Shryver

7. Mother's Birthplace Natick

8. Full Name of Father J. Alf Simms

9. Father's Occupation Clerk

10. Father's Birthplace Natick

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. H. Patterson
23 Franklin St

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63371

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1893

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2d*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 10th*
4. Place of Birth (Street and Number) *65 Hollin St.*
5. Full Name of Mother *Isabella Gilch*
6. Mother's Maiden Name *Seymour*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Friedrick Gilch*
9. Father's Occupation *Salesman*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *H. H. Weber M.D.*
- Address *298 W Lombard St.*
- Remarks

RETURN OF A BIRTH

62372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

May 10/83

No. 1000 - 80

Gertrude Whitworth
Lumpkin

Balti. Md.

Chas E. Whitworth

Machinist

Balti. Md.

H. L. Sprague
J. W. Embury

RETURN OF A BIRTH

65273

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 10th. 1883

4. Place of Birth, (Street and Number)

No 266 N. Front St.

5. Full Name of Mother,

Sarah Magram

6. Mother's Maiden Name,

Sarah Connolly

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James J. Magram

9. Father's Occupation,

Expressman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

W. A. Butt

Address,

Remarks,

RETURN OF A BIRTH

63374

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female
White
May 10 "1883
291 Canton Ave
Mra Debur
Dehner
Germany
George Debur
Laborer
Germany
Mrs. Guise Profr
236 Canton Ave

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

63370

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 11 1891

4. Place of Birth, (Street and Number)

217 Green St.

5. Full Name of Mother,

Paula Heinicke

6. Mother's Maiden Name,

Heinicke

7. Mother's Birthplace,

Morshausen, Germ.

8. Full Name of Father,

Sam Heinicke

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Morshausen, Germ.

Name of Medical Attendant, or other Person who makes this Return

May 1891

Address,

325 J. Calhoun St.

Remarks,

Printed and Published by the City of Baltimore, under the direction of the Board of Health, at the Office of the Registrar of Vital Statistics.

RETURN OF A BIRTH

63376

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 11th / 1883*
4. Place of Birth, (Street and Number) *15 Liberty Alley*
5. Full Name of Mother, *Mary Cox*
6. Mother's Maiden Name, *Mary Magnier*
7. Mother's Birthplace, *Richmond Va*
8. Full Name of Father, *Michael Cox*
9. Father's Occupation, *Leather Currier*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *E. C. Baldwin M. D.*
- Address, *124 N Eyster St*
- Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62377

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 21. 1882

4. Place of Birth, (Street and Number)

No 10 Broth St

5. Full Name of Mother,

Kathern

~~McCully~~

Mason

6. Mother's Maiden Name,

Kathern

McCully

7. Mother's Birthplace,

Calientes Mills

8. Full Name of Father,

James M. Mason

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Quinlan

Address,

No 60 Schroeder St.

Remarks,

RETURN OF A BIRTH

62378

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

2
33

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 11th 1883

4. Place of Birth, (Street and Number)

113 S Register St

5. Full Name of Mother,

Johanna Wolf

6. Mother's Maiden Name,

" Witzel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Anton Wolf

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Boltz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

63579

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 May 1883
4. Place of Birth, (Street and Number) Balto I. N. cor Jefferson st
5. Full Name of Mother, Barbara Hatto
6. Mother's Maiden Name, Bar Stednicka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Baltasar Hatto
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Skopish

Address, 69 N Washington St

Remarks, Mary Skopish

RETURN OF A BIRTH

13380

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 May 1878

4. Place of Birth, (Street and Number)

Balto Durham St No 33

5. Full Name of Mother,

Barbara Orlina

6. Mother's Maiden Name,

B. Orlina

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

James Orlina

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Otopich

Address,

69 N Washington St

Remarks,

Mary Otopich

RETURN OF A BIRTH

13381

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 May 1883

4. Place of Birth, (Street and Number)

Balto Abbot st No 11

5. Full Name of Mother,

Josephine Hurka

6. Mother's Maiden Name,

J. Prashak

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Joseph Hurka

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Kopish

Address,

69 N Washington st

Remarks,

Mary Kopish

RETURN OF A BIRTH

63382

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 11 May

4. Place of Birth, (Street and Number) 23 S. Central ave

5. Full Name of Mother, Mary Rohlander

6. Mother's Maiden Name, " Sutze

7. Mother's Birthplace, Prussia

8. Full Name of Father, John Rohlander

9. Father's Occupation, Harness maker

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Allig

Address, 48 H. Alland St

Remarks, Balt. Md

RETURN OF A BIRTH, 63383

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.) 5
Whether male or female) Male
r, (if not of the white race) white race
May the 11
th, (Street and Number) Baltimore Patapsco St No 19
Mother Mary Elizabeth Hubbard
Ten Name Lewis
Place Dorchester Co Md
Father Leven Hubbard
Occupation labour
Place Dorchester Co Md
Medical Attendant, or other Person who makes this Return. Elizabeth Hutchinson
William St No 34

RETURN OF A BIRTH

63384

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *thirteen child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11 of May 1883*
4. Place of Birth, (Street and Number) *24 Burk St*
5. Full Name of Mother, *Lena Junk*
6. Mother's Maiden Name, *Lma Christia*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Junk*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *No 12 Patterson Park dr*
- Remarks,

RETURN OF A BIRTH

63380

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 11th 1883

4. Place of Birth, (Street and Number)

No 311 Chapel st.

5. Full Name of Mother,

Mary Gross

6. Mother's Maiden Name,

Mary Hoffman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jos. Gross

9. Father's Occupation,

He has got no occupation

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

S. A. G. Overton

Address,

378 Washington st

Remarks,

RETURN OF A BIRTH,

73386

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 11th 1883

4. Place of Birth, (Street and Number)

422 Frederick Ave.

5. Full Name of Mother

Catherine Mack

6. Mother's Maiden Name

Catherine Smith

7. Mother's Birthplace

Maryland

8. Full Name of Father

John Mack

9. Father's Occupation

Laborer

Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Catherine O'ell

Address

115 5th Baltimore St.

Remarks

none

name of the mother of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at a house upon the mother, immediately thereafter, it shall be the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment with or without hard labor, or to both, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 11th*
4. Place of Birth, (Street and Number) *4290 Stiles st*
5. Full Name of Mother, *Anna Lubinski*
6. Mother's Maiden Name, *Moller*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *P. E. Lubinski*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *S. J. ...*
- Address, *...*
- Remarks, *...*

RETURN OF A BIRTH

13-388

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.:

1897
121
113

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Smith

Female

White

May 11th

82 West Chace St

Mary M. D. Thomas

McDonald

Balt.

R. C. Thomas

Balt.

Reggie B. Butler

RETURN OF A BIRTH

63389

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 10 1883

4. Place of Birth, (Street and Number)

346 N. Gilman

5. Full Name of Mother,

May Folger

6. Mother's Maiden Name,

Stephens

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

E. C. Folger

9. Father's Occupation,

Customs House

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. H. Jones M.D.

Address,

S. W. Preston & Stricker

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13390

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male ~~or~~ Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

May 11th 1883

4. Place of Birth (Street and Number)

90 N. Paca St

5. Full Name of Mother

Philomena Fink

6. Mother's Maiden Name

" Liedman

7. Mother's Birthplace

Germany

8. Full Name of Father

Jacob H. Fink

9. Father's Occupation

Brick Mason

10. Father's Birthplace

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

J. Yingling M.D.

Address

152 1/2 N. Eulaw St. Bk.

Remarks

RETURN OF A BIRTH

63 29.1

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7 male

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

may the 11 1883

4. Place of Birth, (Street and Number)

130 50 William St. N.Y.

5. Full Name of Mother,

Elizabeth Stewart

6. Mother's Maiden Name,

Elizabeth Baker

7. Mother's Birthplace,

Alexander Shore Va.

8. Full Name of Father,

Loyd Steward

9. Father's Occupation,

livery stable

10. Father's Birthplace,

Prince George Co. Md

Name of Medical Attendant, or other Person who makes this Return

Charlotte Horn

Address,

258 Balboys St

Remarks,

born sick and don't expect to live

Of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 11th 1883

4. Place of Birth, (Street and Number)

25. Elbow Lane

5. Full Name of Mother,

Mariah Moody

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Charles Moody

9. Father's Occupation,

Labourer

10. Mother's Birthplace,

Tobacco County, Maryland

Name of Medical Attendant,

or other Person who makes this Return

Deborah Thomas

Address,

71 Burgundy Alley

Remarks,

RETURN OF A BIRTH

63393

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *May 11th 1883*
4. Place of Birth, (Street and Number) *152 Mulleny St.*
5. Full Name of Mother, *S. Elizth Espar.*
6. Mother's Maiden Name, *S. Elizth Fisher.*
7. Mother's Birthplace, *Howard Co. Md.*
8. Full Name of Father, *Wm J. Espar.*
9. Father's Occupation, *Carpenter.*
10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, *Child Still born occasioned by Prolapsus of Uterine Chord*

J. P. Russell M.D.
227 Connelley Ave.

RETURN OF A BIRTH

62394

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 11, 1913

4. Place of Birth, (Street and Number)

73 Cross St Balt. Md.

5. Full Name of Mother,

Marion Johnson

6. Mother's Maiden Name,

Marion Taylor

7. Mother's Birthplace,

Phil. Pa.

8. Full Name of Father,

William Johnson

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Burlington N. J.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Nash

Address,

107 Johnson St. Balt. Md.

Remarks,

RETURN OF A BIRTH

63390

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

Brown skin

4. Date of Birth,

May 11th 1893

5. Place of Birth, (Street and Number)

3000s Lane

6. Full Name of Mother,

Mary Baker

7. Mother's Maiden Name,

8. Mother's Birthplace,

Eastern Shore

9. Full Name of Father,

James Baker

10. Father's Occupation,

Laborer

11. Father's Birthplace,

New Orleans

Name of Medical Attendant, or other Person who makes this Return

Dr. Louis B. Dean

Address,

Remarks,

RETURN OF A BIRTH

13396

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 May

4. Place of Birth, (Street and Number)

28 President street

5. Full Name of Mother,

Katie D. Wendly

6. Mother's Maiden Name,

Bunningham

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John D. Wendly

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard street

Remarks,

RETURN OF A BIRTH

63397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 May

4. Place of Birth, (Street and Number)

50 Baltimore street

5. Full Name of Mother.

Mary C. Welsch

6. Mother's Maiden Name,

O Cherry

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Welsch

9. Father's Occupation,

Machinest

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

63398

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 11th

4. Place of Birth, (Street and Number)

284 N. Mount St.

5. Full Name of Mother,

Mary Osterkamp

6. Mother's Maiden Name,

Mary Stenger

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Carl J. Osterkamp

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Hannover North Germany

Name of Medical Attendant,

or other Person who
makes this Return

Hubert

Address,

439

Remarks,

RETURN OF A BIRTH

3399

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 11th 1883.

4. Place of Birth, (Street and Number)

#127 S. Water St.

5. Full Name of Mother,

Annie O'Leary

6. Mother's Maiden Name,

Pennig

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick O'Leary

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Kraft

Address,

236. Canton Ave

Remarks,

RETURN OF A BIRTH

GIVEN NAME ADDED 11-15-57 63400

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

John Hartung

5 Child
Male
White

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 11 1883

4. Place of Birth, (Street and Number)

25 Hull St

5. Full Name of Mother,

Carrie Hartung

6. Mother's Maiden Name,

Carrie Burkhardt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Hartung

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

L. B. Noble, M.D.

Address,

50 N. Main St

Remarks,

RETURN OF A BIRTH

63401

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

8

1. Sex, (state whether male or female)

Male 2

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May the 11. 1883

4. Place of Birth, (Street and Number)

Morris St No 23

5. Full Name of Mother,

Mary McCally

6. Mother's Maiden Name,

Mary Lafts

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Mc Carls

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs S. Kelly

Address,

No 792 Pratt St

Remarks,

RETURN OF A BIRTH

13402

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 11, 83.

4. Place of Birth, (Street and Number)

S. Walpstr No 83

5. Full Name of Mother,

Traveling Motyker

6. Mother's Maiden Name,

Stumpf

7. Mother's Birthplace,

Bavaria

8. Full Name of Father,

Johann Motyker

9. Father's Occupation,

Tinner

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Wm. Joh. Freuch

Address,

S. Walpstr No 14

Remarks,

RETURN OF A BIRTH

B3403

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12th 1883

4. Place of Birth, (Street and Number)

26 Redman St

5. Full Name of Mother,

Ella Hasson

6. Mother's Maiden Name,

Wheat

7. Mother's Birthplace,

Kent Co Maryland

8. Full Name of Father,

Chas Hasson

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Chas E Sadtler

Address,

515 Grand St

Remarks,

RETURN OF A BIRTH

63404

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12th 1883

4. Place of Birth, (Street and Number)

Baltimore Columbia St. 244

5. Full Name of Mother,

Ellen Schanleffer

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Schanleffer

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkin St.

Remarks,

RETURN OF A BIRTH

63405

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12th 1883

456

4. Place of Birth, (Street and Number)

Baltimore Baltimore St. N.E.

5. Full Name of Mother,

Mary. Bolline

6. Mother's Maiden Name,

Kelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John. Bolline

9. Father's Occupation,

Express man

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N.E. 38 Parkin St.

Remarks,

RETURN OF A BIRTH, 63406

the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Old of Mother, (state whether 1st, 2d, 3d, &c.) 1st
ate whether male or female female
r Color, (if not of the white race) white race
Birth May the 19
of Birth, (Street and Number) Baltimore William St No 9. 34
ame of Mother Virginia Groves
s Maiden Name Virginia Younger
s Birthplace Baltimore
ame of Father James H. Groves
s Occupation Brick Layer
s Birthplace Baltimore
of Medical Attendant, or other Person who makes this Return. Elizabeth Kethorn
s William St No 944
ks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May-12*

4. Place of Birth, (Street and Number) *170 Caroline St.*

5. Full Name of Mother, *Kate John*

6. Mother's Maiden Name, *Conway*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John John*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Wilt County*

Name of Medical Attendant, or other Person who makes this Return *Isabella Oliver*

Address, *241 N. Cedar St.*

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report to the Registrar of Births and Deaths of Baltimore City, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Nov. 12th 11th A.M. 1883*
4. Place of Birth (Street and Number) *24th E. Avenue*
5. Full Name of Mother *Mrs. Mary Spehr*
6. Mother's Maiden Name *Mrs. Smith*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *George Spehr*
9. Father's Occupation *Electrician*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *James C. Hamilton M.D.*
- Address *299 E. Baltimore Street*
- Remarks

RETURN OF A BIRTH.

63409

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not~~ of the white race)

3. Date of Birth

5/12/83

4. Place of Birth (Street and Number)

501 W. Payette St

5. Full Name of Mother

Sarah Timber

6. Mother's Maiden Name

Hollingham

7. Mother's Birthplace

Virginia

8. Full Name of Father

James Trorer

9. Father's Occupation

Carriage Maker

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Hubert Carlson

Address

319 Lerch

Remarks

Natural

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13410

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12th

4. Place of Birth, (Street and Number)

85 Harlaem Av

5. Full Name of Mother

Sarah L. Applegarth

6. Mother's Maiden Name,

Sarah L. Galt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Rufus W. Applegarth

9. Father's Occupation,

Lawyer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Dr. M. B. Bond

Address,

No. 2 Cathedral St

Remarks,

RETURN OF A BIRTH

63411

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

12 of May 1883

4. Place of Birth, (Street and Number)

134 Patterson Park

5. Full Name of Mother,

Mary Hauser

6. Mother's Maiden Name,

Mary Schley

7. Mother's Birthplace,

Baltimore - Md

8. Full Name of Father,

Michael Hauser

9. Father's Occupation,

Cann. Caser

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park av

Remarks,

RETURN OF A BIRTH

53412

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12/83

4. Place of Birth, (Street and Number)

491, N. Elm

5. Full Name of Mother,

May O'Laughlin

6. Mother's Maiden Name,

O'Keefe

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm O'Laughlin

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. H. Jones M.D.

Address,

S. W. Co. - Preston & Thetford

Remarks,

RETURN OF A BIRTH

63412

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

44

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12th 1883

4. Place of Birth, (Street and Number)

No 78 Hornstead St

5. Full Name of Mother,

Ester Lehman

6. Mother's Maiden Name,

Hirsch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Emanuel Lehman

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mr Goetzke

Address,

No 604 Bond St

Remarks,

RETURN OF A BIRTH

63414

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
12
1905

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

May 12th

4. Place of Birth, (Street and Number)

82 Booth

5. Full Name of Mother.

Mrs. Rose Hobbs

6. Mother's Maiden Name.

Miss Rose Schroder

7. Mother's Birthplace,

Pa

8. Full Name of Father.

Wm H Hobbs

9. Father's Occupation,

Plasterer

10. Father's Birthplace.

Md

Name of Medical Attendant,

or other Person who makes this Return

H. F. Hill M.D.

Address,

443 Franklin St

Remarks,

RETURN OF A BIRTH

63415

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female).....

female

2. Race or Color, (if not of the white race).....

White

3. Date of Birth, *12 of May*

4. Place of Birth, (Street and Number).....

405 Little Alice Anna St.

5. Full Name of Mother,

Doris Krieffler

6. Mother's Maiden Name,

Krebs

7. Mother's Birthplace,

Bieber (Heffen)

8. Full Name of Father,

Fred Krieffler

9. Father's Occupation,

Baker

10. Father's Birthplace,

Reppendorf (Barbaria)

Name of Medical Attendant, or other Person who makes this Return.

J. Behnken (Midwife)

Address,

54 Essex St.

Remarks,

of the parents, and the maiden name of the mother of said child of children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

b3416

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAY
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

May 12th '83

4. Place of Birth (Street and Number)

352 Hamburg St

5. Full Name of Mother

Louisa A. Cain

6. Mother's Maiden Name

Louisa A. Johns

7. Mother's Birthplace

Manland

8. Full Name of Father

Jos. G. Cain

9. Father's Occupation

Labrer

10. Father's Birthplace

Manland

Name of Medical Attendant, or other Person who makes this Return.

J. S. Smith M.D.
221 Barr St

Address

Remarks

Natural & Easy Labor

GIVEN NAME ADDED

RETURN OF A BIRTH

63417

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

MAY 22

1. Sex, (state whether male or female)

Female Katie G. Busick

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12th 1883

4. Place of Birth, (Street and Number)

232 Central Ave

5. Full Name of Mother,

Lillie Busick

6. Mother's Maiden Name,

Barton

7. Mother's Birthplace,

Balls Bl.

8. Full Name of Father,

C. J. Busick

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balls Bl.

Name of Medical Attendant, or other Person who makes this Return

M. B. Billingsley

Address,

256 E. Pratt St

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

63418

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

13419

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

JUN
1907

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

MAY 12 1883

4. Place of Birth, (Street and Number)

152 HUNTER AVE

5. Full Name of Mother,

MARIE BREMER

6. Mother's Maiden Name,

MAURIE BREMER

7. Mother's Birthplace,

BALTIMORE

8. Full Name of Father,

HENRY BREMER

9. Father's Occupation,

BOOK BINDER

10. Father's Birthplace,

BALTIMORE

Name of Medical Attendant, or other Person who makes this Return

W. H. HARRIS

Address,

345 HUNTER AVE

Remarks,

RETURN OF A BIRTH

B31120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. S. x, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 12th 1880

4. Place of Birth, (Street and Number)

No 62 E. Bow lane

5. Full Name of Mother,

Hester Tarter

6. Mother's Maiden Name,

hester More

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Tarter

9. Father's Occupation,

Drayman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Ann Dorsey

Address,

64 E. Bow lane

Remarks,

five dollars

RETURN OF A BIRTH

63421

To the Office of Registrar of Vital Statistics, Board of Health, (res)
BALTIMORE CITY.

Name - Frank G. Fisher
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12th. 1883.
4. Place of Birth, (Street and Number) No. 545 E. Monument St.
5. Full Name of Mother, Maria Fisher
6. Mother's Maiden Name, Maria Butcher
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Fisher
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany
Name of Medical Attendant, or other Person who makes this Return M. A. Butt.
Address, No. 185 J. E. cor Central av. & Monument St.
Remarks, All well

RETURN OF A BIRTH

62422

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 12th 1883

4. Place of Birth, (Street and Number)

296 Saratoga St

5. Full Name of Mother,

Rebecca Rose

6. Mother's Maiden Name,

" Kraft

7. Mother's Birthplace,

City

8. Full Name of Father,

Lehold Rose

9. Father's Occupation,

Sigar Manufacturer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child.*

1. Sex, (state whether male or female) *male.*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 12th 1883.*

4. Place of Birth, (Street and Number) *N. 94 Perry St.*

5. Full Name of Mother, *Mary Strumsky.*

6. Mother's Maiden Name, *Rucker.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Louis Strumsky.*

9. Father's Occupation, *Shoe maker.*

10. Father's Birthplace, *Prussia, Boh.*

Name of Medical Attendant, or other Person who makes this Return *Anna Lindner*

Address, *N. 94 S. Monroe St.*

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the mother to call for and secure the attendance of a physician, or of a practitioner of midwifery, or of a person or persons duly qualified, within the period above prescribed, and if she fail to do so, she shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

13424

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 12 1883

4. Place of Birth, (Street and Number)

29, S. Street St

5. Full Name of Mother,

Elizabeth Barnes

6. Mother's Maiden Name,

" Bant

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Felix D Barnes

9. Father's Occupation,

Clerk Ind

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes the Return

Address,

Remarks,

Geo. L. Gentry
#1 Waverly Terrace

RETURN OF A BIRTH

63112.7

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *13 Nov*
4. Place of Birth, (Street and Number) *335 Canal Street*
5. Full Name of Mother, *Regina Geller*
6. Mother's Maiden Name, *Regina Langford*
7. Mother's Birthplace, *London, England*
8. Full Name of Father, *Charles Geller*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Philadelphia, Pa.*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Geller*
- Address, *335 Canal Street*
- Remarks,

RETURN OF A BIRTH 13496

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) color

3. Date of Birth, 18 May

4. Place of Birth, (Street and Number) 101 Lee St

5. Full Name of Mother, Margaret Kane

6. Mother's Maiden Name, Margaret Bishop

7. Mother's Birthplace, Dough Chester County

8. Full Name of Father, Samlly Richard Bishop

9. Father's Occupation, Laborer work

10. Father's Birthplace, Dough Chester County

Name of Medical Attendant, or other Person who makes this return Millie Brock

Address, 12 Plum St

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63427

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *May 13th*
4. Place of Birth (Street and Number) *53 Pearl St*
5. Full Name of Mother *Anna Krigger*
6. Mother's Maiden Name *Elsie Royger*
7. Mother's Birthplace *Lynchburg Va*
8. Full Name of Father *Saml. Krigger*
9. Father's Occupation *Laborem*
10. Father's Birthplace *Eastern Ohio*
- Name of Medical Attendant, or other Person who makes this Return. *Elsie A. Harris*
- Address *No 5 Josephine St*
- Remarks *A very large child (13th) Healthy & Robust*

RETURN OF A BIRTH

63428

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) male
3. Race or Color, (if not of the white race) colored
4. Date of Birth, May 13 1883
5. Place of Birth, (Street and Number) 72 Morris alley
6. Full Name of Mother, Henrietta Shipley
7. Mother's Maiden Name, Henrietta Squire
8. Mother's Birthplace, Baltimore County
9. Full Name of Father, Charles Shipley
10. Father's Occupation, laborer
11. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Marian Mason
- Address, 37 Walnut alley
- Remarks, _____

RETURN OF A BIRTH

13429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. ☒ Male, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth, May 13, 1883,

4. Place of Birth, (Street and Number)

Hamstead St. 1468

5. Full Name of Mother,

Maggie Mohr

6. Mother's Maiden Name,

Maggie Miller

7. Mother's Birthplace,

Pratt's City

8. Full Name of Father,

Friedrich Mohr

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Pratt's City

Name of Medical Attendant,

or other Person who makes this Return

Mary E. Miller

Address,

11, Talbot St. 1420,

Remarks,

RETURN OF A BIRTH

63430

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
18 1
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

May 18, 1883.

4. Place of Birth, (Street and Number)

No. 36 Vine St.

5. Full Name of Mother,

Malinda Birl

6. Mother's Maiden Name,

Not married

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Not given

9. Father's Occupation,

Not known

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

H. M. Simmons, M.D.

Address,

558 W. Fayette St.

Remarks,

Illegitimate child; physical condition good.

RETURN OF A BIRTH

631/31

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
1913

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

The child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

in this statement, and the instrument known as a mother or child of children.

RETURN OF A BIRTH

63432

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3?

1. ☒ Male, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 13

4. Place of Birth, (Street and Number)

340 Lexington St.

5. Full Name of Mother,

Mary Heilbrun
Sonnchile

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Sam'l Heilbrun

9. Father's Occupation,

Merchant.

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who
makes this Return

Wm Wilson M.D.

Address,

251 Mad Ave.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of each offense, to be punished as other such offenses are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *1st*
1. Sex (~~state whether male or female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth *May 13th 188.*
4. Place of Birth (Street and Number) *13th Conway St.*
5. Full Name of Mother *Emma J. Weston.*
6. Mother's Maiden Name *Emma J. Fassbinder.*
7. Mother's Birthplace *Baltimore City.*
8. Full Name of Father *Samuel C. Weston Jr.*
9. Father's Occupation *Manufacturer of Shoes &c.*
10. Father's Birthplace *Baltimore City.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. C. Wright, M.D.*
- Address *273 Lexington St.*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 ☒ x, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

The 1

Female

White

11th, 13 of May

No 495 Harper cr.

A. V. Maccaubin

A. V.

Baltimore

G. Bitner

Lab.

Baltimore

Mrs. Christian Sauer

173 Harper cr.

1853

63438

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
 1. *Female*, (state whether male or female)
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 13th 1883*
 4. Place of Birth, (Street and Number) *62 Woodyear St*
 5. Full Name of Mother, *Sophia E. Green*
 6. Mother's Maiden Name, *Robinson*
 7. Mother's Birthplace, *Balto. City*
 8. Full Name of Father, *Milton W. Green*
 9. Father's Occupation, *Millwright*
 10. Father's Birthplace, *Balto. City*
 Name of Medical Attendant, or other Person who makes this Return
 Address, *J. H. Christian M.D.*
 Remarks, *431 Penna. Ave*

RETURN OF A BIRTH

6-34-37

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3rd
Male
White
May 13th 1883
124 Lombard Ave
Ellie Gruen
" " Mrs
Adolphus A. Gruen
Washing
of Baltimore
Theodore Gruen

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 13438

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 13th*

4. Place of Birth, (Street and Number) *No. 114 Locust St.*

5. Full Name of Mother, *Anna Rock*

6. Mother's Maiden Name, *" Schneider*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Arnold Rock*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Sophy L. Lerner*

Address, *No. 21 "Granby"*

Remarks, *at*

RETURN OF A BIRTH

63439

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13 of May 1883*

4. Place of Birth, (Street and Number) *354 Aliceani St*

5. Full Name of Mother, *Elize Laurance*

6. Mother's Maiden Name, *Abenshine*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fredrick Laurance*

9. Father's Occupation, *Dispresenman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*

Address, *No 12 Patterson Park av*

Remarks,

At this place, read the number, taken of late mother or other child or children.

RETURN OF A BIRTH

13440

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 2nd 1881

4. Place of Birth, (Street and Number)

14 Barclay Row

5. Full Name of Mother,

Rose Williams

6. Mother's Maiden Name,

Bachman

7. Mother's Birthplace,

Massachusetts

8. Full Name of Father,

Levi White

9. Father's Occupation,

Stevenson

10. Father's Birthplace,

Manchester N.H.

Name of Medical Attendant, or other Person who makes this Return

D. J. G. Gannett M.D.

Address,

24 N. Calver St.

Remarks,

of the parents, and the names of the mother or of such child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person or persons designated by the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars and to imprisonment, in each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 13/83*

4. Place of Birth, (Street and Number) *146. Deane St*

5. Full Name of Mother, *Anna Schults*

6. Mother's Maiden Name, *W. Dumas*

7. Mother's Birthplace, *Italy*

8. Full Name of Father, *Geo Schults*

9. Father's Occupation, *Moulder*

10. Father's Birthplace, *Italy*

Name of Medical Attendant, or other Person who makes this Return *Dr D. Blake (M)*

Address, *168 S. Paca St*

Remarks,



RETURN OF A BIRTH

63442

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *May 13th 1883*
5. Place of Birth, (Street and Number) *No 20 Wall St*
6. Full Name of Mother, *Anna Galiger*
7. Mother's Maiden Name, *Anna Echard*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *William E Galiger*
10. Father's Occupation, *Labourer*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other Person who makes this Return *Mary E Anderson*
13. Address, *No 10 Abys Street*
14. Remarks,

RETURN OF A BIRTH.

63443
over

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child: Joshua James Conroy

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

April

April 13, 1883

129 High St.
Laura James Conroy

4 4 Gardners
Penn

Dennis Conroy
Prop. Shoe Factory
Baltimore & Md.

151. W. 1st St.
151. W. 1st St.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

63441

BALTIMORE CITY.

Second

Girl's Personal

White

May 13, 1883

156 E. Monument St.

Edith F. Russell

David H. Jones

Montreal Canada

Mr. C. Russell

Lawyer

Beaufort, England

J. H. Robinson M. R.
25 1/2 Stewart Ave

25 1/2 Stewart Ave.

the new products, and the marketing needs of the market in which you are operating.

RETURN OF A BIRTH

631145

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

male.

2. Race or Color, (if not of the white race)

white.

3. Date of Birth,

May 13 1883

4. Place of Birth, (Street and Number)

61 S Chester

5. Full Name of Mother,

Mina Fooks

6. Mother's Maiden Name,

Mina Nepper

7. Mother's Birthplace,

City

8. Full Name of Father,

William Fooks

9. Father's Occupation,

Seaman

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

J. A. Quora MD

Address,

Remarks,

RETURN OF A BIRTH

62446

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, ..

Remarks,

RETURN OF A BIRTH *63448*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 13th 1883

4. Place of Birth, (Street and Number)

184 Eastern Avenue St

5. Full Name of Mother,

Louisa Parnusch

6. Mother's Maiden Name,

Friedrich

7. Mother's Birthplace,

City

8. Full Name of Father,

Carl Parnusch

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

311
21
1133

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 13th 1883

4. Place of Birth, (Street and Number)

154 S Register st

5. Full Name of Mother,

Bertha Miller

6. Mother's Maiden Name,

" Reis

7. Mother's Birthplace,

City

8. Full Name of Father,

Charles Miller

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bask st

Remarks,

On this certificate, and the financial status of two mother of each child or children.

RETURN OF A BIRTH

63450

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 May 1883

4. Place of Birth, (Street and Number)

55 Woodysan St

5. Full Name of Mother

Rebecca Chamberlain

6. Mother's Maiden Name,

Mitchell

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John A Chamberlain

9. Father's Occupation,

Black Smith

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Wm H Warner M.D.
Shotten & Leonard

Address,

Remarks,

RETURN OF A BIRTH 63451

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

13 May 1883

4. Place of Birth, (Street and Number)

Cor Mosher & Strecker St

5. Full Name of Mother,

S E Small

6. Mother's Maiden Name,

white

7. Mother's Birthplace,

New York

8. Full Name of Father,

Abraham E Small

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Maine

Name of Medical Attendant,

or other Person who makes this Return

W B Warner MD

Address,

Strecker & Townsend St

Remarks,

RETURN OF A BIRTH

13112

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 13th

4. Place of Birth, (Street and Number)

14 Hill St

5. Full Name of Mother,

Sarah E. Balin

6. Mother's Maiden Name,

" Seeward

7. Mother's Birthplace,

City

8. Full Name of Father,

Michael Balin

9. Father's Occupation,

City maner

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

J. Burch Smith

Address,

151 Hanover St

Remarks,

See instructions, with the illustrated form of 120 number of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 13th 83

4. Place of Birth, (Street and Number) 309 Bond street.

5. Full Name of Mother, Mary Bekrens.

6. Mother's Maiden Name, Mary Mueller

7. Mother's Birthplace, Balto

8. Full Name of Father, Bernard Bekrens

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return

Address, 182 East Monument st

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and to the person, provided for in this regard by the laws of this State, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

13114

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child.

1. Sex, (state whether male or female)

female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

14th of May.

4. Place of Birth, (Street and Number)

No 11 Dawson Alley.

5. Full Name of Mother,

Carolina Wilhelmina Vetter.

6. Mother's Maiden Name,

Carolina Wilhelmina Lenz.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Henry Vetter.

9. Father's Occupation,

Baker.

10. Father's Birthplace.

Bleichenbach Grossherzogthum Hessen

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dumbler.

Address,

No 60 North Schroeder Street.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 2455

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 May

4. Place of Birth, (Street and Number) 76 East Street

5. Full Name of Mother, Margaret Wise

6. Mother's Maiden Name, Pedger

7. Mother's Birthplace, Hamburg Europe

8. Full Name of Father, John Wise

9. Father's Occupation, Laborer

10. Father's Birthplace, Hamburg Europe

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Ulbig

Address,

118 Halland St.

Remarks,

B. Ch. 11/14

Of the parents, and the usual name of the mother of such child or children.

RETURN OF A BIRTH

62456

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar 14th

4. Place of Birth, (Street and Number)

68 Ridgely St
Linn St

5. Full Name of Mother,

Linn
Jimmie

6. Mother's Maiden Name,

Port St. Paul

7. Mother's Birthplace,

8. Full Name of Father,

Bing St

9. Father's Occupation,

Builder

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Dr. C. C. Cuddenberry M.D.

Address,

600 N. 2nd St

Remarks,

RETURN OF A BIRTH

63457

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 11th of May

4. Place of Birth, (Street and Number)

11, 169, Harbor Lane

5. Full Name of Mother,

Katherine Roseman

6. Mother's Maiden Name,

Katherine Branning

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Margaret Branning

9. Father's Occupation,

Calumnator

10. Father's Birthplace,

Harbor, City

Name of Medical Attendant, or other Person who makes this Return

Address,

11, 169, Harbor Lane

Remarks,

11, 169, Harbor Lane

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. 1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

September 14th 1888

4. Place of Birth, (Street and Number)

528 S. Sullivan St.

5. Full Name of Mother,

Fence Glass

6. Mother's Maiden Name,

Fence Glass

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Glass

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. B. Thompson

Address,

528 S. Sullivan St.

Remarks,

Healthy

Any child born without the attendance of a physician, or of a practitioner of midwifery, or birth of any child shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars.

RETURN OF A BIRTH 63459

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 14th 1883

4. Place of Birth, (Street and Number) No. 10 Madison

5. Full Name of Mother, E. Lebow

6. Mother's Maiden Name, E. Pollock

7. Mother's Birthplace, Prussia

8. Full Name of Father, E. Lebow

9. Father's Occupation, Laborer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs. E. Schmitt

Address, No. 348 Penna. Avenue

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63460

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd, Child.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *May 14th 1883.*

4. Place of Birth, (Street and Number) *120 Poppleton Street.*

5. Full Name of Mother, *Hattie Harding.*

6. Mother's Maiden Name, *Hattie Bellows.*

7. Mother's Birthplace, *Boston.*

8. Full Name of Father, *Lewis Harding.*

9. Father's Occupation, *Hat Blacker.*

10. Father's Birthplace, *Boston.*

Name of Medical Attendant, or other Person who makes this Return *H. Haxall, M.D.*

Address, *234 Saratoga St.*

Remarks, *Physical condition of child
is very good.*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

63461

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *First*
1. Sex (state whether Male or Female) ... *Male*
2. Race or Color (if not of the white race) ...
3. Date of Birth ... *May 14th '83.*
4. Place of Birth (Street and Number) ... *116 Light St.*
5. Full Name of Mother ... *Maggie May*
6. Mother's Maiden Name ... *Maggie Wescott*
7. Mother's Birthplace ... *Maryland*
8. Full Name of Father ... *Samuel May*
9. Father's Occupation ... *Upholster*
10. Father's Birthplace ... *England*
- Name of Medical Attendant, or other Person who makes this Return. ... *J. S. Smith M.D.*
- Address ... *221 Barr St.*
- Remarks ... *Natural, but tedious labor.*

When a baby is born, making inquiry the name of the mother, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63462

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th
Male
White
May 14th 1883
30 Cross St.
Mary E. Robinson
Bill
Baltimore
Lewis Robinson
Jesse
Baltimore
Frederick Cook
per L.B.

RETURN OF A BIRTH

62462

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14 of May 1883*
4. Place of Birth, (Street and Number) *in rear 420 Green St Baltimore*
5. Full Name of Mother, *Emeline Theresa Zeller*
6. Mother's Maiden Name, *Sheehy*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John George Zeller*
9. Father's Occupation, *Tin Roofer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Miss Brange*
- Address *Cheslie Brange*
- Remarks

RETURN OF A BIRTH

63464

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14th of May 1885*
4. Place of Birth, (Street and Number) *in rear of 420 Cross St. Baltimore*
5. Full Name of Mother, *Emaline Theresa Zeller*
6. Mother's Maiden Name, *Sheehill*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John George Zeller*
9. Father's Occupation, *Lin. Keeper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Bangs*
- Address *Bangs*
- Remarks.

RETURN OF A BIRTH

13465

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 14th

4. Place of Birth, (Street and Number)

523 Hollins St

5. Full Name of Mother,

Mrs. Mary L. Dennis

6. Mother's Maiden Name,

Belt

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

Emory Dennis

9. Father's Occupation,

Printer

10. Father's Birthplace,

Balt City

Name of Medical Attendant,

or other Person who makes this Return

H F Hill M D

Address,

443 Franklin St

Remarks,

H
15466

birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, designated by the Board of Health, for that purpose. Any person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and shall hereafter fall to be punished as other fines and penalties are provided for in the laws of this State.

L. Child

Female.

May 14th 1883

16. Mc ⁷¹elderly DS

Large J. Grant

Lizzie J. Merrill

Baltimore

Michel & Grant

Painter

New York

Mrs. Esibella Oliver

Address, 214 N. Eden

CITY PRINTERS AND STATIONERS.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

63467

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

dition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or childreo.

RETURN OF A BIRTH,

131165

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The
6 JUN 4 1883

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 14th 1883

4. Place of Birth, (Street and Number)

108 Barn sts

5. Full Name of Mother

Susan B. Mowring

6. Mother's Maiden Name

Thornstone

7. Mother's Birthplace

Va

8. Full Name of Father

Wm C. Mowring

9. Father's Occupation

Gen. Merchant

10. Father's Birthplace

Va

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Harmon & Barn sts

Remarks

RETURN OF A BIRTH

13469

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 14, 1883

4. Place of Birth, (Street and Number)

152 E Eager St.

5. Full Name of Mother,

Mary Hanson

6. Mother's Maiden Name,

Mary Mrs. Gaud

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Edward Hanson

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return

J. H. Robinson M.D.

Address,

25 1/2 Green St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

Registration, between the first and third day of each and every month, to the Board of Health. In cases the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of illegitimate children, and in the case of any person or persons who shall hereafter fail to comply with the provisions of this act, or who shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Alice Carter Brady*

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2^d Child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 14, 1883.*

4. Place of Birth, (Street and Number) *No. 90 Vincent St.*

5. Full Name of Mother, *Mary Brady.*

6. Mother's Maiden Name, *Wm. Doyle.*

7. Mother's Birthplace, *Ireland.*

8. Full Name of Father, *Thomas Brady.*

9. Father's Occupation, *Labourer.*

10. Father's Birthplace, *Ireland.*

Name of Medical Attendant, or other Person who makes this Return *James Gindrum*

Address, *No. 45 S. Maryland St.*

Remarks,

RETURN OF A BIRTH

631171

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

14. Mai. West.

3. Date of Birth,

Born Street Ch. 30

4. Place of Birth, (Street and Number)

Anna Enges

5. Full Name of Mother.

" " Girl

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Karl Enges

8. Full Name of Father.

Sailor

9. Father's Occupation,

Baltimore

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Mrs Maurer

Address,

Remarks,

Longard Street No. 48

Within six days thereafter, entering distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

631172

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. ^{Place} Date of Birth May 14. 83.

4. ^{Balt} Place of Birth (Street and Number) 554 W. Balto St

5. Full Name of Mother Minnie R. Davis

6. Mother's Maiden Name Myers

7. Mother's Birthplace Stamton, Va -

8. Full Name of Father David C. Davis

9. Father's Occupation Printer

10. Father's Birthplace Stamton, Va -

Name of Medical Attendant, or other Person who makes this Return. John J. King, M.D.

Address 215 N. Carroll Ave

Remarks

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

631172

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race) White

3. ^{Place} Date of Birth 554 W. Baltimore St

4. ^{Date} Place of Birth (Street and Number) May 14. 83.

5. Full Name of Mother Minnie R. Davis

6. Mother's Maiden Name " " Myers

7. Mother's Birthplace Stamilton, Va -

8. Full Name of Father David C. Davis

9. Father's Occupation Printer

10. Father's Birthplace Stamilton, Va -

Name of Medical Attendant, or other Person who makes this Return. John T. King, M.D.

Address 215 N. Carrollton Ave

Remarks

RETURN OF A BIRTH

13473

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
2. Sex, (state whether male or female) *Girl*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *15th May 1883*
5. Place of Birth, (Street and Number) *Balta Duncan St No 15*
6. Full Name of Mother, *Mary Krahacek*
7. Mother's Maiden Name, *Mary Washuta*
8. Mother's Birthplace, *Bohemia*
9. Full Name of Father, *Jos Krahacek*
10. Father's Occupation, *Salver*
11. Father's Birthplace, *Bohemia*
12. Name of Medical Attendant, or other Person who makes this Return *Mary Kaptich*
13. Address, *89 W Washington St*
14. Remarks, *Mary Kaptich*

RETURN OF A BIRTH

134711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male - 2

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 15th 83

4. Place of Birth, (Street and Number)

45 Cumberland St

5. Full Name of Mother,

Mary Rowes

6. Mother's Maiden Name,

" Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Rowes

9. Father's Occupation,

Carr - Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. H. Jones M.D.

Address,

Remarks,

of this child, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

7th Child

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 15, 1880.

4. Place of Birth, (Street and Number)

Chappel St. No. 109.

5. Full Name of Mother,

Elisabetha Bruhl

6. Mother's Maiden Name,

Elisabetha Völter

7. Mother's Birthplace,

Frankenberg, Pr. Preussen, Germany.

8. Full Name of Father,

Joseph Bruhl

9. Father's Occupation,

Boonmaker

10. Father's Birthplace,

Hackebach, Pr. Preussen, Germany.

Name of Medical Attendant,

or other Person who makes this Return

May E. Völter

Address,

1. Dallas St. No. 26.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63476

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY 15 1893

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

86

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 15

4. Place of Birth, (Street and Number)

Lexington St.

5. Full Name of Mother,

Anne Marden

6. Mother's Maiden Name,

Price

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Jesse Marden

9. Father's Occupation,

Merchant

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

A. M. Wilson M.D.

Address,

251 Mad. Ave.

Remarks,

RETURN OF A BIRTH

63477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

May 15, 1883

4. Place of Birth, (Street and Number)

56 Hamilton St

5. Full Name of Mother,

Susan Lee

6. Mother's Maiden Name,

Susan Foster

7. Mother's Birthplace,

Jerchester County

8. Full Name of Father,

Frederick William Lee

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Jerchester County

Name of Medical Attendant, or other Person who makes this Return

Susan Bryan

Address,

Oursum St. No 47

Remarks,

of this return, from the mother or the mother of such child or children.

RETURN OF A BIRTH

4-19-50

62478

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Alice Humphreys*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 15th 1883*
4. Place of Birth, (Street and Number), *McElderry near Patterson Park, D.C.*
5. Full Name of Mother, *Christina Humphreys*
6. Mother's Maiden Name, *Christina Brunetti*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Millard H. Humphreys*
9. Father's Occupation, *Mechanic*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return, *Harriet Spence*
- Address, *No. 273 McElderry St.*
- Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63479

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) . 6th
1. Sex, (state whether male or female) . Female
2. Race or Color, (if not of the white race) . white
3. Date of Birth, . May 15 - - - 1883
4. Place of Birth, (Street and Number) . No 141 Fort Ave
5. Full Name of Mother, . Mary E Strick
6. Mother's Maiden Name, . Mary E Hoffner
7. Mother's Birthplace, . Balt city md
8. Full Name of Father, . Henry E Strick
9. Father's Occupation, . Police Officer
10. Father's Birthplace, . Balt city md
- Name of Medical Attendant, or other Person who makes this Return . Elizabeth Hinton
- Address, . No 684 South Charles st
- Remarks, .

RETURN OF A BIRTH *6348A*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May 15th 1888*

4. Place of Birth, (Street and Number) *No 263 Montgomery St*

5. Full Name of Mother, *Hennetta Thomas*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Dorchester County No 2*

8. Full Name of Father, *William Thomas*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Dorchester Co No 2*

Name of Medical Attendant, or other Person who makes this Return *Deborah Thomas*

Address, *71 Burgundy Alley*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63481

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male ~~or Female~~) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 15th 1883*
4. Place of Birth (Street and Number) *No. 172 Hughes Street*
5. Full Name of Mother *Alice J. Davis*
6. Mother's Maiden Name *Alice J. Sauerhoff*
7. Mother's Birthplace *Baltimore, Maryland.*
8. Full Name of Father *John W. Davis*
9. Father's Occupation *Mechanic*
10. Father's Birthplace *Baltimore, Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *J. Ridgely Hammond, M. D.*
- Address *No. 148 N. Carey Street*
- Remarks

RETURN OF A BIRTH

63482

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 15th 1883

4. Place of Birth, (Street and Number)

241 Orleans St

5. Full Name of Mother,

Margret Lee

6. Mother's Maiden Name,

Margret G. Cash

7. Mother's Birthplace,

Eastern Shore Maryland

8. Full Name of Father,

John Lee

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Lucinda Woolford

Address,

130 North Register St

Remarks,

certificates between the first and third day of each and every month in the month of death. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and of any person or persons who would hereafter fail to comply with the provisions of this act, and who are recoverable to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) _____

2. Race or Color, (~~if not of the white race~~) _____

3. Date of Birth, May 15, '83

4. Place of Birth, (Street and Number) 111 Haller St

5. Full Name of Mother, Rat Birwin

6. Mother's Maiden Name, Rat True Person

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Birwin

9. Father's Occupation, Policeman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return W. A. Johnson, D.

Address, 326 Haller St

Remarks, Child Scrofulous & weighs 4 1/2 lbs

RETURN OF A BIRTH

681184

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
2
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 12, 1873

4. Place of Birth, (Street and Number)

731 Pierce Street

5. Full Name of Mother,

Cunegunda Shirk

6. Mother's Maiden Name,

Queen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Shirk

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. A. Meserize

Address,

345 Penn. Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *No next to last*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 15 1883*

4. Place of Birth, (Street and Number) *No 10 Tennant St -*

5. Full Name of Mother, *Sophia E. Spies*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Charles C. Spies*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Harford County Md*

Name of Medical Attendant, or other Person who makes this Return *Mrs Danuler.*

Address, *No 60 Schaeffer St.*

Remarks,

RETURN OF A BIRTH

63486

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
30
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

51

1. Sex, (state whether male or female)

2 Males

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

May the 15th 1883

4. Place of Birth, (Street and Number)

Parish St No 2

5. Full Name of Mother.

Michel Mary Knell

6. Mother's Maiden Name.

Michel Mary Sauerwell

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Benjamin Knell

9. Father's Occupation.

Paper Hanger

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr S Kelly

Address,

No 792 Pratt St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63487

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15 Jan

4. Place of Birth, (Street and Number)

Ford Street No 53

5. Full Name of Mother,

Kathi Rausch

6. Mother's Maiden Name,

" " Helmb

7. Mother's Birthplace,

Helmbrecht Baiern

8. Full Name of Father,

Heinrich Rausch

9. Father's Occupation,

10. Father's Birthplace,

Helmbrecht Baiern

Name of Medical Attendant,

or other Person who makes this Return

Address,

Mrs. Maures

Remarks,

Lombard Street No 278

RETURN OF A BIRTH

63488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Birth*

1. Sex, (state whether male or female) *Boi*

2. Race or Color, (if not of the white race) *Wet*

3. Date of Birth, *15 Mai*

4. Place of Birth, (Street and Number) *Macelri Street No 33*

5. Full Name of Mother, *Mari Lang*

6. Mother's Maiden Name, *" " Schwarzenberger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Cristian Lang*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Hamburg German*

Name of Medical Attendant, or other Person who makes this Return *Mrs Maurer*

Address, *Lombard Street No 248*

Remarks,

MAY
1888

RETURN OF A BIRTH

63489

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 15th 1883

4. Place of Birth, (Street and Number)

210 Franklin St

5. Full Name of Mother,

Eliese K. Brindley

6. Mother's Maiden Name,

" " Krause

7. Mother's Birthplace,

Frankfurt on the Main Germany

8. Full Name of Father,

Benj. S. Brindley

9. Father's Occupation,

Retired Gentleman

10. Father's Birthplace,

Paris Kentucky

Name of Medical Attendant, or other Person who makes this Return

W. S. Spearman

Address,

387 W. Lombard St.

Remarks,

At the time of the birth, was the child born of the mother in situ, & if not, state the date of birth.

RETURN OF A BIRTH *631190*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex. (state whether male or female)

Male

2. Race or Color. (if not of the white race)

3. Date of Birth.

May 15th 1883

4. Place of Birth. (Street and Number)

184 Eastern Ave

5. Full Name of Mother.

Caroline Kanne

6. Mother's Maiden Name.

" Omeis

7. Mother's Birthplace.

City

8. Full Name of Father.

James Kanne

9. Father's Occupation.

Base ball player Iron moulder

10. Father's Birthplace.

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Batz

Address.

120 Bank St

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63491

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
2
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 15th 1883

4. Place of Birth, (Street and Number)

226 Canton Ave

5. Full Name of Mother,

Anna Wheeler

6. Mother's Maiden Name,

" Bucher

7. Mother's Birthplace,

City

8. Full Name of Father,

Harvey Wheeler

9. Father's Occupation,

Car maker

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Banks St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

May 15. 83.
Cor. Washington and Jefferson str.
Eva Schermer
Hagedorn
Balt.
Leary Schermer
Tailor
Balt.
Wm G. Kramlich
14 W. 14th St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 15. 83.
4. Place of Birth, (Street and Number) W. Wolfstr No 62
5. Full Name of Mother, Mary Trenbump
6. Mother's Maiden Name, Nettie
7. Mother's Birthplace, Cincinnati, Ohio
8. Full Name of Father, Ferdinand Trenbump
9. Father's Occupation, Cigar-maker
- Father's Birthplace, Oldenburg
- Name of Medical Attendant, or other Person who makes this Return Wm. J. Krausbach
- Address, W. Wolfstr. 14
- Remarks,

State, as far as may be ascertained, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

62491

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 7

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 15, 83.

4. Place of Birth, (Street and Number)

11. Thorsington street 27

5. Full Name of Mother,

Bertha Waldman

6. Mother's Maiden Name,

Forster

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Michael Waldman

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Wm. F. Baumgardner

Address,

11. W. 4 14

Remarks,

At the residence, or the residence of the mother of such child, or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child,
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 16th 1883
No. 280 1/2 Charles st.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Jane White
Givins

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

John White

9. Father's Occupation,

Sailor

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife
330 Canover st.

Address,

Remarks,

of the person, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13496

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) /.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 May

4. Place of Birth, (Street and Number)

9 Thomson street

5. Full Name of Mother,

Lurie Formann

6. Mother's Maiden Name,

Reinhardt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Formann

9. Father's Occupation,

Fire-man

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard street

Remarks,

RETURN OF A BIRTH

13497

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 May

4. Place of Birth, (Street and Number)

93 Penth. Ave.

5. Full Name of Mother,

Caroline Weber

6. Mother's Maiden Name,

Sneider

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Louis Weber

9. Father's Occupation,

Shoe-maker

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

13498

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
1
1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child.

1. Sex, (state whether male or female) 1 boy 1 girl.

2. Race or Color, (if not of the white race) white child.

3. Date of Birth, 16th of May.

4. Place of Birth, (Street and Number) 99 Peach Alley.

5. Full Name of Mother, Maggie M. Spellerberg.

6. Mother's Maiden Name, Maggie M. Pelkas.

7. Mother's Birthplace, Germany.

8. Full Name of Father, John A. Spellerberger.

9. Father's Occupation, Cupper.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who make this Return, Dr. M. M. M.

Address, 1000 E. 10th St.

Remarks,

For the parents, and the husband name of the mother of such child or children.

RETURN OF A BIRTH

73499

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 16th 1893*
4. Place of Birth, (Street and Number) *238 E. Pratt St.*
5. Full Name of Mother, *Johnetta M. C. Bey*
6. Mother's Maiden Name, *Joan*
7. Mother's Birthplace, *Pa.*
8. Full Name of Father, *Abraham M. C. Bey*
9. Father's Occupation, *Shoe & Blind Maker*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return *E. P. Jones M.D.*
- Address, *237 1/2 E. Pratt St.*
- Remarks,

RETURN OF A BIRTH

62500

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*
1. Sex, (state whether male or female) *Male child*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16 of May*
4. Place of Birth, (Street and Number) *410 80th St. avenue*
5. Full Name of Mother, *Emilie Sophie Poole*
6. Mother's Maiden Name, *Emilie Sophie Schappe*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Frank Poole*
9. Father's Occupation, *Telegraph Operator*
10. Father's Birthplace, *Baltimore Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Ida Sadler*
- Address, *No 4 New St*
- Remarks,

RETURN OF A BIRTH *63501*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *16 May*

4. Place of Birth, (Street and Number) *257 Tawm St.*

5. Full Name of Mother, *Jennie Baker*

6. Mother's Maiden Name, *" Koback*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Moses Baker*

9. Father's Occupation, *Reddler*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs Rosa Ullig*

Address, *48 Holland St*

Remarks, *Ball*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13502

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 16 - 1883

4. Place of Birth, (Street and Number)

244 Hoffman St

5. Full Name of Mother

Sophia Hey

6. Mother's Maiden Name,

Sophia Schumacher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick W. Frey

9. Father's Occupation,

News Reader

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. L. Hillman

Address,

12 Pine Street

Remarks,

RETURN OF A BIRTH 63503

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored do
3. Date of Birth, formerly June 12
4. Place of Birth, (Street and Number) May 1883
5. Full Name of Mother, anne jones
6. Mother's Maiden Name, anne canplur
7. Mother's Birthplace, mple
8. Full Name of Father, thos jones
9. Father's Occupation, labor
10. Father's Birthplace, Charles County
11. Name of Medical Attendant, or other Person who makes this Return. Cholloty, midwife and wife
- Address, 140 W. Baltimore
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

no. 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 16, 1883

4. Place of Birth, (Street and Number)

55 Apple St

5. Full Name of Mother,

Susan Ames

6. Mother's Maiden Name,

Susan Doughty

7. Mother's Birthplace,

Accomac Co, Va.

8. Full Name of Father,

Henry W. Ames

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Accomac Co Va

Name of Medical Attendant, or other Person who makes this Return

Dr. C. L. Harmaison

Address,

55 W. Biddle St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 16th 1883.

4. Place of Birth, (Street and Number)

223 N. Carey

5. Full Name of Mother,

Rosalina Smead

6. Mother's Maiden Name,

" Whitney

7. Mother's Birthplace,

Bermuda

8. Full Name of Father,

E. B. Smead

9. Father's Occupation,

Merchant

Father's Birthplace,

Massachusetts

Name of Medical Attendant, or other Person who makes this Return

Thomas, Opie M.D.

Address.

39 N. Carey St

Remarks.

of the parents, and the maiden name of the mother of such child or children."

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

63106

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Mother (state whether 1st, 2d, 3d, &c.) 6

Whether Male or Female)

Female

or (if not of the white race)

White

th

May 16th

Birth (Street and Number)

Hubbard alley No 6

of Mother

Mrs Mary Mc Guire

Maiden Name

Mary Eagen

Birthplace

Ireland County Galway

of Father

Patrik Mc Guire

Occupation

Labor

Birthplace

Baltimore Md.

Medical Attendant, or other Person who makes this Return.

Mrs Mary Ward 104 West Street

mother doing well

Still born. Birth

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Light complexion*

3. Date of Birth, *May 14th 1883*

4. Place of Birth, (Street and Number) *41 Hamstead St*

5. Full Name of Mother, *Maria Allen*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *6 Hamilton St*

Remarks,

of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13108

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st 9

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 16, of May

4. Place of Birth, (Street and Number)

No. 19 Orleans St.

5. Full Name of Mother,

Mary Sibel

6. Mother's Maiden Name,

Mary Fuld

7. Mother's Birthplace,

Little Poland

8. Full Name of Father,

Jacob Fuld

9. Father's Occupation,

Labour

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

No. 601 Christina Sauer

Remarks,

173 Harper St.

1881

RETURN OF A BIRTH

63509

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 15th 1883

4. Place of Birth, (Street and Number)

223 Water Cure

5. Full Name of Mother,

Abnera Gator

6. Mother's Maiden Name,

Burns

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John St. Eaton

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Thos. C. Cook, M.D.

Address,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63510

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth May 17, 1883
4. Place of Birth (Street and Number) No. 19 Miller St. Balto City
5. Full Name of Mother Minnie Lutz
6. Mother's Maiden Name Minnie Lutz
7. Mother's Birthplace Germany
8. Full Name of Father August Lutz
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return Caroline Miller
- Address No. 5 Walker St. City
- Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13th May*

4. Place of Birth, (Street and Number) *42 Bonnet St. (Canton)*

5. Full Name of Mother, *Mary Friedewald*

6. Mother's Maiden Name, *= Bonibel*

7. Mother's Birthplace, *Bararia (Germ)*

8. Full Name of Father, *Georg Friedewald*

9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *G. Bohnen, (Midwife)*

Address, *54 Essex St. Canton*

Remarks, _____

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- 63512
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *May 17/88*
4. Place of Birth (Street and Number) *68 Iceland St.*
5. Full Name of Mother *Louise M. Watters*
6. Mother's Maiden Name *Louise Doudy*
7. Mother's Birthplace *Co Lancaster county, Pa.*
8. Full Name of Father *Gilbert Watters*
9. Father's Occupation *Oyster shucker*
10. Father's Birthplace *Lancaster county, Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Riley*
- Address *44 Walker St*
- Remarks

RETURN OF A BIRTH

63573

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

17 May

4. Place of Birth, (Street and Number)

Leimont 79 Street

5. Full Name of Mother.

He Voller

6. Mother's Maiden Name,

He Thiemejer

7. Mother's Birthplace,

Born in Baltimore

8. Full Name of Father,

Er. Wm. Voller

9. Father's Occupation,

Painter by Trade

10. Father's Birthplace.

Germany Hanover

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dwyer

Address,

No 66 Schroeder St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUN 8 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

May 17th 1883

4. Place of Birth (Street and Number)

325 N. Iron Street

5. Full Name of Mother

Catharine Elizabeth Philipps

6. Mother's Maiden Name

Potter

7. Mother's Birthplace

New Jersey

8. Full Name of Father

William R. Philipps

9. Father's Occupation

Plumber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. E. Whiteford M.D.
195. Disgrace St

Address

Remarks

RETURN OF A BIRTH

635118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

May 17th 1883

4. Place of Birth, (Street and Number)

No. 67 Burke St.

5. Full Name of Mother,

Mrs Margaret Bennett

6. Mother's Maiden Name,

Miss Margaret Pink

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Mr Thomas Bennett

9. Father's Occupation,

Stevard

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Rachel A. Parrell

Address,

No. 65 Burke St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 14th 1883.

4. Place of Birth, (Street and Number)

No 624 Chapel St.

5. Full Name of Mother,

Mrs. Ida Mechelli

6. Mother's Maiden Name,

Mrs. Ida Lamer.

7. Mother's Birthplace,

Richmond Virginia

8. Full Name of Father,

Joseph N. Mechelli.

9. Father's Occupation,

Fruit dealer.

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Garrett

Address,

No 63 - Burke St.

Remarks,

RETURN OF A BIRTH

13517

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

MAY
22
1893

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

May the 17

4. Place of Birth, (Street and Number)

1242 Walnut alley

5. Full Name of Mother,

Mary Smith

6. Mother's Maiden Name,

Mary Weeber

7. Mother's Birthplace,

Baltimore M D

8. Full Name of Father,

William Smith

9. Father's Occupation,

Choafman

10. Father's Birthplace,

Baltimore County M D

Name of Medical Attendant,

or other Person who makes this Return

Marion Hobson

Address,

37 Walnut alley

Remarks,

Sound and healthy

RETURN OF A BIRTH

13118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

May 17.

4. Place of Birth, (Street and Number)

104 Welcome Alley

5. Full Name of Mother,

H. Johnson

6. Mother's Maiden Name,

Harriet

7. Mother's Birthplace,

Med

8. Full Name of Father,

Jos Johnson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Margaret Gray

Address,

Remarks,

Died in a few Minutes
after Birth

Missing

63519

RETURN OF A BIRTH

1353A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Five

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 17

4. Place of Birth, (Street and Number)

No 159 Gardetaga St

5. Full Name of Mother,

Caroline Thullett

6. Mother's Maiden Name,

Caroline Laib

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Thullett

9. Father's Occupation,

city cart

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Dumbleton

Address,

No 60 North Frederick

Remarks,

RETURN OF A BIRTH.

63121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) _____

3. Date of Birth May 17th 1883

4. Place of Birth (Street and Number) 353 E. Eager Street

5. Full Name of Mother Kate Snyck

6. Mother's Maiden Name Kate Cook

7. Mother's Birthplace Balto Md

8. Full Name of Father Henry Snyck

9. Father's Occupation Blacksmith

10. Father's Birthplace _____

Name of Medical Attendant, or other Person who makes this Return. Chas M. Morfit M.D.

Address 67 East Balto St

Remarks 1st Position - Dry labor

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63122

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *17 May*
 4. Place of Birth, (Street and Number) *246 W. Pratt St*
 5. Full Name of Mother, *Mary Klein*
 6. Mother's Maiden Name, *Mary Vissel*
 7. Mother's Birthplace, *Menden Germany*
 8. Full Name of Father, *David Klein*
 9. Father's Occupation, *Coiner*
 10. Father's Birthplace, *Merburg Germany*
 Name of Medical Attendant, or other Person who makes this Return *Dr. Helman M.D.*
 Address, *120 Pearl St. Baltimore*
 Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

CITY NAME ADDED, 8-3-54

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Clara May Woodall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 17, 1883

4. Place of Birth (Street and Number) 143 South Tucker Baltimore

5. Full Name of Mother Louise E. Woodall

6. Mother's Maiden Name Louise E. Loeffler

7. Mother's Birthplace Cambridge, Ohio

8. Full Name of Father James W. Woodall

9. Father's Occupation Engineer

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Grayling

Address

Remarks

RETURN OF A BIRTH 63524

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 17, 1883

4. Place of Birth, (Street and Number) No 142 welcome ally

5. Full Name of Mother, Mary Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace, Kentland No 2

8. Full Name of Father, Richard Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, St. Marys County No 2

Name of Medical Attendant, or other Person who makes this Return

Deborah Thomas

Address, 71 Burgundy ally

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY *May 18th 1883.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *May 17th 1883*

4. Place of Birth, (Street and Number) *2. Castle St.*

5. Full Name of Mother *Barbara Wille*

6. Mother's Maiden Name *Barbara Hoecklein*

7. Mother's Birthplace, *Germany*

8. Full Name of Father *Andreas Wille*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend.*

Address *No. 137 S. Wolfe St.*

Remarks, *At 6*

of the parents, and the maiden name of the mother of such child or children."

MAY
19
1883

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13526

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether ~~male~~ or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5th 11⁰⁰ P.M. 17th May, 1883.*
4. Place of Birth (Street and Number) *4182 N. Gay St cor of Eager*
5. Full Name of Mother *Sarah Ann Albert*
6. Mother's Maiden Name *Sarah Ann McPhail*
7. Mother's Birthplace *Baltimore City - Maryland.*
8. Full Name of Father *William Albert*
9. Father's Occupation *Saloon Keeper*
10. Father's Birthplace *Baltimore County, Maryland.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. M. D.*
- Address *236 N. Howard St*
- Remarks

RETURN OF A BIRTH

63527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden names of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

eight child
male child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

colored - child

3. Date of Birth,

17th May 1883

4. Place of Birth, (Street and Number)

No. 7, Marliss St

5. Full Name of Mother,

Martha Mason

6. Mother's Maiden Name,

Martha Garrett

7. Mother's Birthplace,

- Baltimore - Md -

8. Full Name of Father,

Joseph Mason

9. Father's Occupation,

Porter in Ware House

10. Father's Birthplace,

Baltimore - Md -

Name of Medical Attendant, or other Person who makes this Return

Mary C. Jones

Address,

No 17 Waterad St

Remarks,

RETURN OF A BIRTH

63528

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 17 1883 - 5 am.

4. Place of Birth, (Street and Number)

161 W. Lombard St. Maternity Hospt.

5. Full Name of Mother,

Belle Pease

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Maryland U.S.A.

8. Full Name of Father,

Unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

W. Roger M. Lush Res. Phy.

Address,

Maternity Hospt 161 W. Lombard St. Balto.

Remarks,

Child illegitimate

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63.129

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1st
Baltimore May 18 1883

1. Sex (state whether Male or Female)

Male B

2. Race or Color (if not of the white race)

color 2

3. Date of Birth

Born May the 18

4. Place of Birth (Street and Number)

5. Full Name of Mother

Martin Laurence Wash Norman

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Jones Laurence

9. Father's Occupation

hard worker

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Caroline Jones

Remarks

236 Vine St

RETURN OF A BIRTH, 1313A

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 13th 1887

4. Place of Birth, (Street and Number) No. 15 Green Court

5. Full Name of Mother Est. M. M. M. M.

6. Mother's Maiden Name Lena Walter

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Cherry

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who takes this return. Catherine Hecorn

Address No. 18 Bayard St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

63.31

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

20

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 18
1893

4. Place of Birth, (Street and Number)

393 Gilman
Mary Lyons
Smith

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return

Baltimore
G. H. Lyons, Jr.
Post Office
S. H. Co. Perry & Strickland

RETURN OF A BIRTH

63532

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of this parent, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *18th of May*

4. Place of Birth, (Street and Number) *282 E Madison st.*

5. Full Name of Mother, *Lillie J Joslin*

6. Mother's Maiden Name, *Lillie J Kirby*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John A. Jellin*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mary Walter*
or other Person who makes this Return

Address, *125 N. Caroline St*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY

Full name of child - *Francis Mich. Punte*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Birth*
 1. Sex, (state whether male or female) *Boi*
 2. Race or Color, (if not of the white race) *Wet*
 3. Date of Birth, *18 Mai*
 4. Place of Birth, (Street and Number) *Konstel Street No 30*
 5. Full Name of Mother, *Elisabeth Bunde*
 6. Mother's Maiden Name, *" " Gilber*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Joseph Bunde*
 9. Father's Occupation,
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *Dr. Maurer*
 Address,
 Remarks, *Lombard Street No 78*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63534

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 18th 1883
No. 298 Cross st.
Elise Henkel

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Seibel

6. Mother's Maiden Name,

America

7. Mother's Birthplace,

William Henkel

8. Full Name of Father,

Box maker

9. Father's Occupation,

10. Father's Birthplace.

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife
330 Kanawha St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 18-1883*

4. Place of Birth, (Street and Number) *884 Bank St*

5. Full Name of Mother, *(Susan Griffin) Susie Griffin*

6. Mother's Maiden Name, *(Susan Dore) Susie Dore*

7. Mother's Birthplace, *Richmond*

8. Full Name of Father, *(John Griffin) Patrick Griffin*

9. Father's Occupation, *labor*

Father's Birthplace, *Richmond*

Name of Medical Attendant, or other Person who makes this Return *Wm. E. Gray*

Address, *193 Church St*

Remarks, *Full name of child - Martin Griffin*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62136

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 18 1883*

4. Place of Birth, (Street and Number) *61 Cambridge st*

5. Full Name of Mother, *Mary Becks*

6. Mother's Maiden Name, *Tracy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Tracy*

9. Father's Occupation, *Fireman*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. E. Tracy*

Address, *193 Chest*

Remarks,

of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

83137

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 18th 1883

4. Place of Birth, (Street and Number)

No 29 Collington av.

5. Full Name of Mother.

Fannie Ditters

6. Mother's Maiden Name,

Fannie Hagtell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Wm Ditters

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. A. Butt

Address, No. 185 S.E. cor. Central av. & Monument St.

Remarks, All Well

RETURN OF A BIRTH

52138

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 18th. 1883

4. Place of Birth, (Street and Number)

No. 272 N. Central av.

5. Full Name of Mother,

Mrs. Solback

6. Mother's Maiden Name,

Mrs. Brockmeyer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Solback

9. Father's Occupation,

Coach Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. A. Byth

Address,

No. 185 S.E. cor. Central av. & Monument St.

Remarks,

See Note

RETURN OF A BIRTH

73539

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.)

15-
Male
White

JUN
2
1883

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 18. 1883.

4. Place of Birth, (Street and Number)

86 E. Baltimore St.

5. Full Name of Mother,

Rebecca Rosenfeld

6. Mother's Maiden Name,

Rebecca Stern,

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Isaac Rosenfeld

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Maryland,

Name of Medical Attendant, or other Person who makes this Return

J. W. Hoxch MD
75 E. Baltimore St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63541

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color Race

3. Date of Birth,

Mar 15 1883

4. Place of Birth, (Street and Number)

Sp 10 Longfellow St

5. Full Name of Mother,

Margaret Scott

6. Mother's Maiden Name,

Margaret Lane

7. Mother's Birthplace,

Palasco County

8. Full Name of Father,

Edward Scott

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bedford County

Name of Medical Attendant, or other Person who makes this Return

Gertrude Woodford

Address,

130 Register St

Remarks,

RETURN OF A BIRTH f3542

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Birth. Still-born

Sex, (state whether male or female)

Boi.

2. Race or Color, (if not of the white race)

Wit

3. Date of Birth,

18 Mai

4. Place of Birth, (Street and Number)

Madison Street No 231

5. Full Name of Mother,

Mina X Theuerkauf

6. Mother's Maiden Name,

" " Schwabe

7. Mother's Birthplace,

Goodwater Sachsen

8. Full Name of Father,

Reinhardt Theuerkauf

9. Father's Occupation,

Isen. Peusen

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Frances

Address,

Remarks,

Leonard Street No 228

of the parents, and the maiden name of the mother of such child or children."

Everafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63143

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 18th May
4. Place of Birth (Street and Number) 277 William St
5. Full Name of Mother Caroline Virginia Goldborough
6. Mother's Maiden Name Sapman
7. Mother's Birthplace Baltimore
8. Full Name of Father John Thomas Goldborough
9. Father's Occupation Engineer
10. Father's Birthplace Delaware City Delaware
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth J. Gould
- Address 88 Fort Ave
- Remarks

RETURN OF A BIRTH

63544

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *18 May*

4. Place of Birth, (Street and Number) *11 Smith Alley*

5. Full Name of Mother, *Anna Druce*

6. Mother's Maiden Name, *" Ziegler*

7. Mother's Birthplace, *Hessen Europe*

8. Full Name of Father, *Eberhardt Druce*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Hessen Europe*

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosal Allis

Address,

48 The Grand St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13540

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

May 18. 83.

Cor. Monument and Bond St No 30

Kirstine Scherlein

Simon

Burgundy

Carl Scherlein

Merchant

Burgundy

Mrs. J. Scherlein

1014

of the parents, and the maiden name of the mother of such child or children."

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

In case the birth of any child should occur without the attendance of a physician, the parent or other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or other person to report the birth to the Board of Health, in the manner and within the period hereinafter required, except in the cases of the births and deaths of illegitimate children, and in such cases the parent or other person shall be subject to a fine of ten dollars for each offense, and penalties as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18th 1883.
4. Place of Birth, (Street and Number) #121 Baltimore about
5. Full Name of Mother, Anna Schmitt
6. Mother's Maiden Name, Anna Bismarck
7. Mother's Birthplace, Germany
8. Full Name of Father, John Schmitt
9. Father's Occupation, Taylor
10. Father's Birthplace, Baltic
- Name of Medical Attendant, or other Person who make this Return Dr. Heilgeist
- Address, 1825 Monument st.
- Remarks, _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

83547

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

May 19
Baltimore Clementy St. No 4.

Mary Blecher

Mary Black

Germany

John Blecher

Blacksmith

Germany

Mrs M. Shaffer

114 Ridgely St

Missing

63548 to 63550,
incl.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 19th 83*

4. Place of Birth, (Street and Number) *106 Mosher St*

5. Full Name of Mother, *Mrs Lippy*

6. Mother's Maiden Name, *Miss Shilling*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo. Lippy*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Geo. H. Davis M.D.*
or other Person who makes this Return

Address, *S. W. Cor. Pennsylvania & St. Paul*

Remarks,

born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still-born or not, the full name, sex, and color of the child or children of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 19 of Nov

4. Place of Birth, (Street and Number)

113, Talbot St,

5. Full Name of Mother,

Kathleen Gader

6. Mother's Maiden Name,

Kathleen Longhead

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Martin Longhead Longhead

9. Father's Occupation,

Tailor

10. Father's Birthplace,

German

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Christina Jones

Remarks,

113 Harper street

1893

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

W.C.T.

3. Date of Birth,

19 Mai

4. Place of Birth, (Street and Number)

Bank Street No 233

5. Full Name of Mother,

Mina Osterburg

6. Mother's Maiden Name,

" " La Roth

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Karl Osterburg

9. Father's Occupation,

Kapitan

10. Father's Birthplace,

Hamburg German

Name of Medical Attendant, or other Person who makes this Return

Mrs Maurer

Address,

Remarks,

Lombard Street No 248

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

63.154

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

MAY
22
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female)
2. Race or Color (*if not* of the white race)
3. Date of Birth *5.19.83*
4. Place of Birth (Street and Number) *316 Lawrence St*
5. Full Name of Mother *Sue D. Evans*
6. Mother's Maiden Name *Klein felder*
7. Mother's Birthplace *York Co. Pa.*
8. Full Name of Father *Claude C. Evans*
9. Father's Occupation *car builder*
10. Father's Birthplace *York, Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Eastman*
- Address *349 Street*
- Remarks *Natural*

When six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 19 / 83

4. Place of Birth, (Street and Number)

752 Columbia Ave

5. Full Name of Mother,

Sophia Knapp

6. Mother's Maiden Name,

Griffith

7. Mother's Birthplace,

city

8. Full Name of Father,

Jas Knapp

9. Father's Occupation,

Can Maker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mo D Blake (M)

Address,

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 19 - 1883

4. Place of Birth, (Street and Number)

373 Eastern Ave

5. Full Name of Mother,

Mary Bandard

6. Mother's Maiden Name,

Mary Wilson

7. Mother's Birthplace,

Greening

8. Full Name of Father,

24 George Bandard

9. Father's Occupation,

Chief Gunner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mr. E. Tracy

Address,

193 Chase

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
31
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

May 19/1883

4. Place of Birth, (Street and Number)

383 Scott St

5. Full Name of Mother.

Ida Watkins

6. Mother's Maiden Name.

Ida Wolf

7. Mother's Birthplace.

also and

8. Full Name of Father.

Geo Watkins

9. Father's Occupation.

Glassblower

10. Father's Birthplace.

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks.

Esco R Graham Md
136 Columbia ave

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 19th. 1883*
4. Place of Birth, (Street and Number) *No. 490 E. Chase St.*
5. Full Name of Mother, *Catherina Baumber*
6. Mother's Maiden Name, *Catherina Gugel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John H. Baumber*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *M. A. Budd.*
Address, *No. 185 P.E. cor. Centre av. & Monument St.*
Remarks, *All Well*

RETURN OF A BIRTH

63579

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male and Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 19th 1883

4. Place of Birth, (Street and Number)

238 S Dallas St

5. Full Name of Mother,

Lina Neuschaefer

6. Mother's Maiden Name,

Toni

7. Mother's Birthplace,

City

8. Full Name of Father,

Lawrence Neuschaefer

9. Father's Occupation,

Porter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Banks St

Remarks,

Twins

When a child is born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13160

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male
White

May 19, 1883.
60 N. E. 8th St

Carri Virginia Slade
Carri Virginia Watts.

Maryland
Arthur M. Slade

Dairyman,

Maryland.

J. W. Honck M.D.
75 E. Baltimore St.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13561

1111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 19, 1883.

4. Place of Birth, (Street and Number)

143 N. Calvert St.

5. Full Name of Mother,

Clara Skeen

6. Mother's Maiden Name,

Clara Williams.

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

J. W. Skeen.

9. Father's Occupation,

Cluk

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. W. Honck M.D.

Address,

75 E. Baltimore St.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

63562

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

May 19. 1883

4. Place of Birth (Street and Number)

353 Light St

5. Full Name of Mother

Tabitha A. Buckingham

6. Mother's Maiden Name

Tabitha A. Johnson

7. Mother's Birthplace

Maryland

8. Full Name of Father

George Buckingham

9. Father's Occupation

Brickman on B.O. & R.

10. Father's Birthplace

Carroll County Md

Name of Medical Attendant, or other Person who makes this Return.

B. F. Phillips, M.D.

Address

327 W. Lombard St

Remarks

advise at the birth of any child, within the City of Baltimore, send report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

62563

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace:

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st

White

May 19th 1923

City of Easton, Maryland

Transia West Seldner

Thurston Heath

Baltimore

J. W. Seldner

Physician

Baltimore

Dr. W. L. Seldner

1212 W. Monument St

RETURN OF A BIRTH

63561

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
12
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Smith
from male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 20th

4. Place of Birth, (Street and Number)

230 St Pauls L

5. Full Name of Mother,

Ellie Buck

6. Mother's Maiden Name,

Grafflin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Reuben B. Buck

Father's Occupation,

Merchant

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Regina Buckler

Address,

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

63560

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth May 20, 1883

4. Place of Birth (Street and Number) Walker St. No. 2.

(Carpenter)

5. Full Name of Mother Ida Barnes

6. Mother's Maiden Name Ida Barn

7. Mother's Birthplace Germany

8. Full Name of Father John Barnes

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return

Caroline Miller

Address No. 5 Walker St. Baltimore Md

Remarks

RETURN OF A BIRTH

13566

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1893

of the parents, and the maiden name of the mother of such child or children.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 26th day of May
 4. Place of Birth, (Street and Number) No 367 Hanover St Balto. Md
 5. Full Name of Mother, Francis Jane Henry
 6. Mother's Maiden Name, Francis Jane Wirtz
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, James E. Henry
 9. Father's Occupation, Plasterer
 10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return, R. W. Munn
- Address, 1 Lavernefull St
- Remarks,

RETURN OF A BIRTH

63567

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20 May 1883

4. Place of Birth, (Street and Number)

145 Hudson street

5. Full Name of Mother,

Mary Hubbard

6. Mother's Maiden Name,

Mary Flood

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

James B. Hubbard

9. Father's Occupation,

Grocer

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Gullens

Address,

104 Bailey street Canton

Remarks,

of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 73568

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Eighth. (8th)

JUN
2
1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 20th 1883

4. Place of Birth, (Street and Number)

263 N Front St

5. Full Name of Mother,

Gerak M^{rs} Devit

6. Mother's Maiden Name,

" Walsh

7. Mother's Birthplace,

Demeter States

8. Full Name of Father,

Edward M^{rs} Devit

9. Father's Occupation,

Laborer

10. Father's Birthplace,

County South Ireland

Name of Medical Attendant, or other Person who makes this Return

Margina A. Winter

Address,

186 Harvard Ave

Remarks,

RETURN OF A BIRTH

63569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

2 Males

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug the 20 1883

4. Place of Birth, (Street and Number)

Pransy St No 295

5. Full Name of Mother.

Mary E

6. Mother's Maiden Name,

Mary E Smith Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George M. Jones

9. Father's Occupation,

Builder

● Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. B. Kelly

Address,

No 792 Bell St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *E. Leventh*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 20th 1883*

4. Place of Birth, (Street and Number) *Eastern Avenue extended.*

5. Full Name of Mother, *M^{rs} Bennetta Harlowe*

6. Mother's Maiden Name, *M^{rs} Bennetta Ruby.*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *William Harlowe*

9. Father's Occupation, *Brick moulder*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *M^{rs} Rachel A. Garrett*

Address, *No 65 Burke St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

20th May 1883

4. Place of Birth, (Street and Number)

55 York St.

5. Full Name of Mother,

Ellen Mc Cormical

6. Mother's Maiden Name,

" Brandon

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Mc Cormical

9. Father's Occupation,

Brayman

☒ Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

J. W. Webster

Address,

57 Barrister

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 20th 1883*

4. Place of Birth, (Street and Number) *200 Trout st.*

5. Full Name of Mother, *Sarah Bosky*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Jacob Bosky*

9. Father's Occupation, *cigar-maker*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*

Address, *113 C. Lombard st.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13073

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 20th 1883

4. Place of Birth, (Street and Number) 116 Fayette st.

5. Full Name of Mother, Hannah Gidelewitch

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Joseph Gidelewitch

9. Father's Occupation, Porter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 1135 Lombard st.

Remarks,

RETURN OF A BIRTH

63574

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Colard*
1. Sex, (state whether male or female) *Girl child*
2. Race or Color, (if not of the white race) *Colard*
3. Date of Birth, *May 20*
4. Place of Birth, (Street and Number) *No 10 Peach Aly*
5. Full Name of Mother, *Harriet Driden*
6. Mother's Maiden Name, *Brown*
7. Mother's Birthplace, *Batts. Maryland*
8. Full Name of Father, *W. H. Driden*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Batts. Md*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Juliah Driden No 60 Little Cheseb St

of the parent, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63575

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th of 7, Living.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 20/83.
4. Place of Birth (Street and Number) 594 Paralego St.
5. Full Name of Mother Sarah E. Rister.
6. Mother's Maiden Name Israh E. Kone.
7. Mother's Birthplace Balt's Co. Md.
8. Full Name of Father William Rister.
9. Father's Occupation Laborer
10. Father's Birthplace Balt's City.
Name of Medical Attendant, or other Person who makes this Return. John J. P. ... M.D.
Address 134 N. Carrollton Ave.
Remarks

RETURN OF A BIRTH.

63576

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth May 20th 1883
 4. Place of Birth (Street and Number) Baltimore Charles st 160
 5. Full Name of Mother Julia M^{rs} Dowel
 6. Mother's Maiden Name Regan
 7. Mother's Birthplace Baltimore
 8. Full Name of Father John M^{rs} Dowel
 9. Father's Occupation Laborer
 10. Father's Birthplace Pennsylvania
 Name of Medical Attendant, or other Person who makes this Return. M^{rs} Elizabeth Scarborough
 Address 220. Montgomery st Balti
 Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 13077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

May 20, 10th Pm 1883

4. Place of Birth, (Street and Number)

112th Balong St

5. Full Name of Mother

Susann A. Jones

6. Mother's Maiden Name

Susann A. Jones

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Samuel J. Palmer

9. Father's Occupation

Barber

Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs Mary S. Wallace

Address

113 Balong St

Remarks

RETURN OF A BIRTH

13078

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 of May 1885

4. Place of Birth, (Street and Number) 105 Miller St

5. Full Name of Mother, Mary Childer

6. Mother's Maiden Name, Mary Jagan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Smider

9. Father's Occupation, L. Patternmaker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Juliana Grisham

Address, 125 West St

Remarks,

RETURN OF A BIRTH

13579

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

West

3. Date of Birth,

20 Mai

4. Place of Birth, (Street and Number)

DuKlas Street No 16

5. Full Name of Mother,

Kath Herfeld

6. Mother's Maiden Name,

" " Detter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Herfeld

9. Father's Occupation,

Bar

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Maurer

Address,

Remarks,

Lombard Street No 248

RETURN OF A BIRTH

63580

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. May 22nd 1883

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4th
1. Sex, (state whether male or female) Male.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, May 20th 1883.
 4. Place of Birth, (Street and Number) 373 Eastern Ave.
 5. Full Name of Mother, Lizzie Gansan.
 6. Mother's Maiden Name, Lizzie Zimmermann.
 7. Mother's Birthplace, America.
 8. Full Name of Father, John Gansan.
 9. Father's Occupation, Captain.
 10. Father's Birthplace, America.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.
- Address, 137 South Wolfe Street.
- Remarks, C/H

RETURN OF A BIRTH 63581

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *20th May 1883*

4. Place of Birth, (Street and Number) *257 Jefferson st.*

5. Full Name of Mother, *Mary Spahn*

6. Mother's Maiden Name, *Mary Hole*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Hole*

9. Father's Occupation, *Black-smith*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Knobel*

Address, *71 North Chapel st. per Justina Knobel*

Remarks, *Healthy*

of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63082

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female)

Girl.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th of May 1883.

4. Place of Birth, (Street and Number)

493 Monument St.

5. Full Name of Mother,

Maggie Benah.

6. Mother's Maiden Name,

Maggie Lloyd.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Frederic Lloyd.

9. Father's Occupation,

Black Smith.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel.

Address,

22 North Chapel St per Julia Kunkel.

Remarks,

X Delivered.

At the [unclear], and the [unclear] name of the mother of said child of [unclear].

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63583

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUN 18 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 20th 1883*
4. Place of Birth (Street and Number) *# 192. E. Madison*
5. Full Name of Mother *Bridget Oate*
6. Mother's Maiden Name *Bridget McCherry*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Martin Oate*
9. Father's Occupation *Watchman Bank*
10. Father's Birthplace *Ireland*
Name of Medical Attendant, or other Person who makes this Return. *J. C. Whiteford M.D.*
Address *# 195 Oregon St.*
Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63584

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 nd
1. Sex (state whether Male or Female) white male
2. Race or Color (if not of the white race) white
3. Date of Birth May 20. 83
4. Place of Birth (Street and Number) 188 Fulton av.
5. Full Name of Mother Hester A. Fredricks
6. Mother's Maiden Name " King
7. Mother's Birthplace Balto -
8. Full Name of Father Lawrence Fredricks
9. Father's Occupation black -
10. Father's Birthplace Balto
Name of Medical Attendant, or other Person who makes this Return. John J. King M.D.
Address 215 N. Carrollton av.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second child
female child
coloured

20 May 1888

No 19 Waterat st

Mary Ann Rains
Prince, S. Maryland
William H. Newson
Jolliffe Rail-Roads -
Washington - D C

Mary C. Gierca
17 Waterat City

RETURN OF A BIRTH

1906

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 21st 1893

4. Place of Birth, (Street and Number)

8 Glen St -

5. Full Name of Mother,

Theresa Mallon

6. Mother's Maiden Name,

McCluskey

7. Mother's Birthplace,

Harford Co.

8. Full Name of Father,

Thomas Mallon

9. Father's Occupation,

Plumber -

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Silas W. Hunter M.D.

Address.

36 Green Mt Ave,

Remarks.

RETURN OF A BIRTH

63587

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 21st. 1883.*

4. Place of Birth, (Street and Number) *No. 255 E. Chase St.*

5. Full Name of Mother, *Catherin Zapp*

6. Mother's Maiden Name, *Catherin Petrus*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward Zapp*

9. Father's Occupation, *Box maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *M. A. Britt*

Address, *No. 185 E. cor. Central av. & Monument St.*

Remarks, *Well*

RETURN OF A BIRTH

63588

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 21st 1883.

4. Place of Birth, (Street and Number)

184 William St.

5. Full Name of Mother,

Mary A. Wagner.

6. Mother's Maiden Name,

" " Rupert.

7. Mother's Birthplace,

Balt. City.

8. Full Name of Father,

Jno. G. Wagner.

9. Father's Occupation,

Confectioner.

10. Father's Birthplace,

Balt. City.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall. M.D.

Address,

152. Sharp St.

Remarks.

RETURN OF A BIRTH

13589

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first One

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Mar. 21st

4. Place of Birth, (Street and Number)

93 Linden ave Balto

5. Full Name of Mother,

Annie L. Callaman

6. Mother's Maiden Name,

Annie L. Ford

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

David E. Callaman

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Annie Johnson

Address,

94 Tyson Street

Remarks,

RETURN OF A BIRTH

13590

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

21 May

4. Place of Birth, (Street and Number)

Baltimore Street Number 501

5. Full Name of Mother,

Clara Ficklich

6. Mother's Maiden Name,

Clara Dumitz

7. Mother's Birthplace,

Frankfurt a. O. Germany

8. Full Name of Father,

Max Ficklich

9. Father's Occupation,

10. Father's Birthplace,

Berlin Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dimpler

Address,

No 60 Schroeder St.

Remarks,

RETURN OF A BIRTH

63591

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *eight child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *21st of May*

4. Place of Birth, (Street and Number) *127 East ave. Baltimore*

5. Full Name of Mother, *Mary Amey*

6. Mother's Maiden Name, *Mary Dietz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Amey*

9. Father's Occupation, *Painter*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Conway*

Address, _____

Remarks, _____

born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Learn, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

80192

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) color

3. Date of Birth, 21 May 21

4. Place of Birth, (Street and Number) Hughes St 252 St

5. Full Name of Mother, ida rhodes

6. Mother's Maiden Name, ida barter

7. Mother's Birthplace, Balt

8. Full Name of Father, A. rhodes

9. Father's Occupation, labor

Father's Birthplace, galena Kent. co, Md

Name of Medical Attendant, or other Person who makes this Return Dr Sarah J. Wilson

Address, 252 Hughes St

Remarks.

100. Is or has been physically afflicted, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1893

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

May 21/83

1581 W. Lombard St

Sarah Bell

Bussard

Let Airy Carne Co used

Jno. L. Seel

Blacksmith

Carroll Co used

H. L. Spencer M.D.
387 W. Lombard St

RETURN OF A BIRTH

835711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 26, 1883*

4. Place of Birth, (Street and Number) *W. E. Hall St. 139*

5. Full Name of Mother, *Friedrich A. Mueller*

6. Mother's Maiden Name, *Friedrich A. Walchen*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Friedrich Mueller*

9. Father's Occupation, *Box-maker*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return

Address, *W. E. Hall St. 139*

Remarks

born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

State, to the full physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5th)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 2nd 1883

4. Place of Birth, (Street and Number)

Maternite Hospital - 161 N. Lombard

5. Full Name of Mother,

Matilda Ann Thomas

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

—

9. Father's Occupation,

—

Father's Birthplace,

—

Name of Medical Attendant,

or other Person who makes this Return

W. Page M. D. Sutcliffe M.D.

Address,

161 N. Lombard St. Maternite Hosp.

Remarks,

to be, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

Feb 1906

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Birth

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21 Jan

4. Place of Birth, (Street and Number)

Register Street No. 181

5. Full Name of Mother,

Kathie Dexer

6. Mother's Maiden Name,

" " Muller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Bernhard Dexer

9. Father's Occupation,

Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Mrs. M. A. Mues

Address,

Remarks,

Lombard Street No. 15

RETURN OF A BIRTH

63597

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *May 21st*

4. Place of Birth, (Street and Number) *No 244 Bolton St*

5. Full Name of Mother, *Leonore Boyle*

6. Mother's Maiden Name, *Leonore Griffith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *J. Clarence Boyle*

9. Father's Occupation, *Merchant*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Henry McKinnis M.D.*

Address, *No. 2 Cathedral*

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13598

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

21 of May 1882

No 32 Lewis St.

Mary Hawkamp

Mary Christina Hawk

Baltimore

Anton Hawkamp

Librarian

Baltimore

Dr. Blue Schneider

No 120 West St

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63599

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 21 1883

4. Place of Birth, (Street and Number)

No 327 William st.

5. Full Name of Mother,

Mary Sichelstiel

6. Mother's Maiden Name,

Kunze

7. Mother's Birthplace,

America

8. Full Name of Father,

Charles Sichelstiel

9. Father's Occupation,

Confectioner

Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return

J. Schroesser midwife

Address,

330 Hanover st.

Remarks,

This child died in cause of weakness on the 24 of May after an age of three and one half days.

of the parents, and the maiden name of the mother of such child or children."

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63600

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace:

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

63601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18602

2/3

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

101

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

2 10th May 1863

4. Place of Birth, (Street and Number)

393 Mulberry

5. Full Name of Mother,

Issie Chudler

6. Mother's Maiden Name,

Waltjen

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

W. J. Chudler

9. Father's Occupation,

Painter

Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

H. W. Webster

Address,

57 Barrer

Remarks,

RETURN OF A BIRTH,

13613

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

Female

May 21 1883

26 High St

Carrie Corry

11 Sinclair

Charles Co. Md

Thomas J. Corry

Marble, Sinclair

Baltimore

Edward M. Driscoll

524 Gay St

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

16 1

Male

White

the 21 of Feb

No. 2, Westlase

Kathie Dalar

Kathie Carigan

Ireland

Michael Carigan

Stonemason

Ireland

Cristina Tauer

173. Hanford, m.

1893

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63605

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN 1 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) brown skin

3. Date of Birth, 21 of May

4. Place of Birth, (Street and Number) No 1 George alv

5. Full Name of Mother, Susan right

6. Mother's Maiden Name, Susan winchester

7. Mother's Birthplace, Baltimore right

8. Full Name of Father, per right

9. Father's Occupation, labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Lydia Somerville

Address, Clinton avenue

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63606

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
1
1893

No. of Child of Mother (state whether 1st, 2d, 3d, &c) *4th*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 21st*

4. Place of Birth (Street and Number) *298 W. Lombard St.*

5. Full Name of Mother *Florence H. Weber*

6. Mother's Maiden Name *Jenkins*

7. Mother's Birthplace *Balto Co. Md*

8. Full Name of Father *Henry W. Weber*

9. Father's Occupation *Physician*

10. Father's Birthplace *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return. *H. W. Weber M.D.*

Address *298 W. Lombard St.*

Remarks

RETURN OF A BIRTH

60607

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 21 1883

4. Place of Birth, (Street and Number)

#40 Boyd St.

5. Full Name of Mother,

Martha Syles

6. Mother's Maiden Name,

Martin Garner

7. Mother's Birthplace,

Richmond

8. Full Name of Father,

Richard Syles

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ann Cornsler

Address,

34 Boyd St.

Remarks,

RETURN OF A BIRTH

63608

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1883
50

JUN 8 1883
211

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, 21 May 1883

4. Place of Birth, (Street and Number) 145 S. Park

5. Full Name of Mother, Anna Weissel

6. Mother's Maiden Name, Amy Weisel

7. Mother's Birthplace, Germ. B.

8. Full Name of Father, Walther Weissel

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. H. W. Arnold M.D.

Address,

Remarks,

of the parents, and the maiden name of the mother of each child or children."

When six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63609

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth May 21. 83.
4. Place of Birth (Street and Number) 451. Eutaw Place
5. Full Name of Mother Ida J. Marshall
6. Mother's Maiden Name " " Suber
7. Mother's Birthplace Columbia - S.C.
8. Full Name of Father Peter S. Marshall -
9. Father's Occupation Clerk -
10. Father's Birthplace Madison, Ga.
- Name of Medical Attendant, or other Person who makes this Return. John T. King, M.D.
- Address 215 N. Carrollton Ave
- Remarks

RETURN OF A BIRTH

63610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parenta, and the maiden name of the mother of such child or childreo."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race)
 3. Date of Birth, 22 May
 4. Place of Birth, (Street and Number) 40 E deh street
 5. Full Name of Mother, Carrie Sebrees
Kraft
 6. Mother's Maiden Name, Baltimore
 7. Mother's Birthplace, John T. Sebrees
 8. Full Name of Father, Labourer
 9. Father's Occupation, Baltimore
 10. Father's Birthplace, Sarah Casper
 Name of Medical Attendant, or other Person who makes this Return 72 E. Lombard street
 Address,
 Remarks,

RETURN OF A BIRTH

63611

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 22nd 1883

4. Place of Birth, (Street and Number)

No. 726 Light st.

5. Full Name of Mother,

Sibela Kaffner
Kern

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jacob Kaffner
Schlach

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Schwarzer midwife
330 Hanover st.

Address,

Remarks,

RETURN OF A BIRTH

13612

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Black
 3. Date of Birth, May 22 1883
 4. Place of Birth, (Street and Number) 185 Bowers St.
 5. Full Name of Mother, Francis Ann Leale
 6. Mother's Maiden Name, Francis Ann Sprigg
 7. Mother's Birthplace, Montgomery County Md.
 8. Full Name of Father, Sam. Hanson Leale
 9. Father's Occupation, Labr.
 10. Father's Birthplace, Montgomery County Maryland
 Name of Medical Attendant, or other Person who makes this Return Rector St. Loodman M.D.
 Address. 18 Columbia Ave.
 Remarks.

RETURN OF A BIRTH

10613

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 26. 1893

4. Place of Birth, (Street and Number)

Dallas St. 1454

5. Full Name of Mother,

Katy Hain

6. Mother's Maiden Name,

Katy Mahler

7. Mother's Birthplace,

Prague

8. Full Name of Father,

John Hain

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

New Orleans

Name of Medical Attendant,

or other Person who makes this Return

Harry E. Mahler

Address,

Dallas St. 1426

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

136111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22 of May 1883

4. Place of Birth, (Street and Number)

No 114 West St

5. Full Name of Mother

Mary Connell

6. Mother's Maiden Name,

Mary Gallagher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Connell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Salina Greenhalgh

Address,

No 128 West St

Remarks,

RETURN OF A BIRTH.

13615

Ann

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: *Elizabeth Pearce*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

May 22 1883

4. Place of Birth (Street and Number)

180 Penna Ave

5. Full Name of Mother

Nellie Pearce

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Baet Co Ind

8. Full Name of Father

Wm Luke J. Pearce

9. Father's Occupation

Drum List

10. Father's Birthplace

Baet Co Ind

Name of Medical Attendant, or other Person who makes this Return.

A. Tinsley M D

Address

386 Union Hill Ave

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63616

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

At the residence, and the residence of the mother of such child or children.

RETURN OF A BIRTH

63617

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 22 1883

4. Place of Birth, (Street and Number)

22 Cannon St.

5. Full Name of Mother,

Margaretta Bollack

6. Mother's Maiden Name,

Kupper

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Bollack

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Centre Ave

Remarks,

RETURN OF A BIRTH

13618

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 22

1883

4. Place of Birth, (Street and Number)

No 136 Dumfries Alley

5. Full Name of Mother

Julie MC Nicholass

6. Mother's Maiden Name,

Julie Hurst

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick MC Nicholass

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Mrs

Wiley

Address,

No 12 Patterson Park

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13619

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight (8th)*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 22^d, 1883

4. Place of Birth, (Street and Number)

No. 56 N. Broadway, Cor. Fayette

5. Full Name of Mother,

Mrs. Annie M. Schall

6. Mother's Maiden Name,

Mrs. Annie M. Myers

7. Mother's Birthplace,

York, Pennsylvania

8. Full Name of Father,

Mr. Thomas B. Schall

9. Father's Occupation,

Merchant

10. Father's Birthplace,

York, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Hendricks, M. D.

Address,

No. 102 N. Broadway

Remarks,

RETURN OF A BIRTH

13620

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
9
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 22 1883

4. Place of Birth, (Street and Number)

No 30 Pierce

5. Full Name of Mother,

Ellen Smith

6. Mother's Maiden Name,

Ellen Leab

7. Mother's Birthplace,

Glowester (N.A)

8. Full Name of Father,

Jim Smith

9. Father's Occupation,

Walter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Charlotte Gouldorborn

Remarks,

RETURN OF A BIRTH

13621

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 22 1880

4. Place of Birth, (Street and Number)

240 Conway Street

5. Full Name of Mother,

Julia Cora Finch

6. Mother's Maiden Name,

Wilcox

7. Mother's Birthplace,

Penn

8. Full Name of Father,

Charles Martin Finch

9. Father's Occupation,

Book-keeper

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

S. W. Sklar M.D.

Address,

5 E. Gay Street

Remarks,



13622

BALTIMORE CITY

Thurs (3rd)

- Male
white

Wm. H. Lindgren, M.D.

No 102 N. Broadway

Remarks,

RETURN OF A BIRTH

13623

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 23rd 1893

4. Place of Birth, (Street and Number)

38 E. Eager St

5. Full Name of Mother,

Sallie Childs

6. Mother's Maiden Name,

" Wooden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Childs

9. Father's Occupation,

Laborer -

10. Mother's Birthplace,

Balto. Co.

Name of Medical Attendant, or other Person who makes this Return

Silas W. Hunter M.D.

Address,

36 Greenmount Ave.

Remarks,

RETURN OF A BIRTH,

63624

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY
31
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth May 27 1883

4. Place of Birth, (Street and Number) N^o 28 Church St

5. Full Name of Mother Minnie Brown

6. Mother's Maiden Name Minnie Boldt

7. Mother's Birthplace Baltimore

8. Full Name of Father William Brown

9. Father's Occupation Labourer

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Shorman

Address N^o 18 Byrd St

Remarks _____

name of this mother of such child or children.

RETURN OF A BIRTH

63625

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 23d 1882
5. Place of Birth, (Street and Number) 253 E. Pratt St.
6. Full Name of Mother, Annie Clifford
7. Mother's Maiden Name, M. C. Barigle
8. Mother's Birthplace, Phila. Pa.
9. Full Name of Father, Thomas Edward Clifford
10. Father's Occupation, Woolens ware packer
11. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return E. L. Bous M.D.
- Address * 375 E. Pratt St.
- Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

73626

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 23rd 1883*

4. Place of Birth, (Street and Number) *No. 67 E. Gough St.*

5. Full Name of Mother, *Mrs. Mary Watson*

6. Mother's Maiden Name, *Miss Mary Sheple*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *William Watson*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Rachel A. Martin*

Address, *No. 65 Bunker St.*

Remarks,

RETURN OF A BIRTH

13627

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd

4. Place of Birth, (Street and Number) 620 King st

5. Full Name of Mother, Katie. T. Johnnings

6. Mother's Maiden Name, Katie. T. Gilchrist

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Henry Johnnings Jr

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, 94 Tyson st

Remarks, Balto Md

RETURN OF A BIRTH

13628

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

first
female
white

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 23^d 1883

4. Place of Birth, (Street and Number)

19 Robert St.

5. Full Name of Mother,

Nellie Virginia Coleman
Bannon

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Chas. J. Coleman
Clerk

9. Father's Occupation,

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

J. H. Christian M.D.
431 Penna. Ave.

Address,

Remarks,

RETURN OF A BIRTH

18629

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th;

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

May 23, 1863.

5. Place of Birth, (Street and Number)

128 Lexington St.

6. Full Name of Mother,

Dorothy M. Armstrong

7. Mother's Maiden Name,

" Muller.

8. Mother's Birthplace,

Balt.

9. Full Name of Father,

Robert W. Armstrong

10. Father's Occupation,

Merchant.

11. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Dr. Morgan

Address,

119 N. Monument St.

Remarks,

RETURN OF A BIRTH

7063a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, May 23rd 1883 at 6.20 A.M.
5. Place of Birth, (Street and Number) 10151 William St
6. Full Name of Mother, Elvira Elizabeth Winters
7. Mother's Maiden Name, Elvira Elizabeth Lewis
8. Mother's Birthplace, Baltimore Md
9. Full Name of Father, Jacob Wm Winters
10. Father's Occupation, Agent
11. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Miss Conway
- Address, _____
- Remarks, _____

RETURN OF A BIRTH

13621

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd of May, 1888
4. Place of Birth, (Street and Number) 6 North Washington St.
5. Full Name of Mother, Gertr. Schmitt
6. Mother's Maiden Name, Gertr. Schmitt
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Schmitt
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel
- Address, 71 North Chapel St. for Crescentia Kunkel
- Remarks, Healthy

State, as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

10632

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *sixth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *May 23*
4. Place of Birth (Street and Number) *Baltimore L. Packer St. No 422*
5. Full Name of Mother *Rosie Kines*
6. Mother's Maiden Name *Rosie Vicker*
7. Mother's Birthplace *London*
8. Full Name of Father *Joseph Kines*
9. Father's Occupation *Labourer*
10. Father's Birthplace *Thirlby County*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. M. Shaffer*
- Address *114 Ridgely St.*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 13633

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Wednesday, May 13th 1883

4. Place of Birth, (Street and Number) 59 Lemon Street

5. Full Name of Mother; Ellen Cantwell

6. Mother's Maiden Name, Ellen Lyons

7. Mother's Birthplace, ~~American~~ England

8. Full Name of Father, Michael Cantwell

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Chewberry & S. Keyser, M.D.

Address, 175 Madison St - Baltimore City

Remarks,

should be in attendance upon the mother, immediately thereafter, it shall then become the duty of the Registrar to report the birth to the Board of Health, in the manner and within the period above prescribed, and to cause a record to be made of the birth, and to cause a certificate of birth to be issued to the parents or persons who shall hereafter fall to be received as true and correct, and to a fine of ten dollars.

15/34

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offense, to be recovered as an other fine and penalty hereinbefore provided.

Math 1

Male

White

May 23rd

No 3 S. Eden St.

Maggie Elliott

"J" Wolf

Baltimore

Cooper Elliott

Miller.

Baltimore

Sophia Simon

No 70 Granby St.

ALL PRINTED AND STATIONERS.

RETURN OF A BIRTH,

13635

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN
4
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

St.

1

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

23 May 1883

4. Place of Birth, (Street and Number)

188 German St.

5. Full Name of Mother

Rosa Selley

6. Mother's Maiden Name

Fitzpatrick

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Sam'l Selley

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Hammond Bldg St.

Remarks

RETURN OF A BIRTH

13666

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *May 23rd 1883*
4. Place of Birth, (Street and Number) *Harrison St.*
5. Full Name of Mother, *Belle Buckner*
6. Mother's Maiden Name, *Silverman*
7. Mother's Birthplace, *New Haven Conn.*
8. Full Name of Father, *Louis Buckner*
9. Father's Occupation, *Store Keeper*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*
- Address, *113 E Lombard St.*
- Remarks,

RETURN OF A BIRTH

63637

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Light complexion*
3. Date of Birth. *May 23rd 1883*
4. Place of Birth, (Street and Number) *123 St. Paul Street*
5. Full Name of Mother *Annie Williams*
6. Mother's Maiden Name, " *Smith*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Alexander Williams*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

73638

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN.
6
1883

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 22nd 1883*
4. Place of Birth, (Street and Number) *274 N. McHenry St.*
5. Full Name of Mother, *Caroline Heale*
6. Mother's Maiden Name, *" "*
7. Mother's Birthplace, *Peterhouse Baltimore*
8. Full Name of Father, *Gaspar M. Heale*
9. Father's Occupation, *Baltimore on the B & O R. R.*
10. Father's Birthplace, *South part of Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. L. L...*
- Address, *No. 34 ...*
- Remarks, *...*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 23 May
4. Place of Birth, (Street and Number) 86 March Market space
5. Full Name of Mother, Lena Gold
6. Mother's Maiden Name, " Maier
7. Mother's Birthplace, Prussia
8. Full Name of Father, Isak Gold
9. Father's Occupation, Tailor
10. Father's Birthplace, England
- Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Goldberg
- Address, 48 Holland St.
- Remarks,

RETURN OF A BIRTH.

63640

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1883
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

May 24

4. Place of Birth (Street and Number)

1231 North Front St

5. Full Name of Mother

Elizabeth Robinson

6. Mother's Maiden Name

Elizabeth Kelly

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Robinson

9. Father's Occupation

Express Driver

10. Father's Birthplace

New York State

Name of Medical Attendant, or other Person who makes this Return.

Wm Gray

Address

13 Hollands St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

63641

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 of May 1883*
4. Place of Birth, (Street and Number) *81 Hunted Street*
5. Full Name of Mother, *Susan Lefler*
6. Mother's Maiden Name, *Susan Len Winder*
7. Mother's Birthplace, *Subburg North County*
8. Full Name of Father, *Robert Winder*
9. Father's Occupation, *Seafaring man*
10. ☒ Her's Birthplace, *Norfolk Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*
- Address, *77 North Chapel St. for Justina Kunkel*
- Remarks, *Healthy*

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*

1. Sex, (state whether male or female) *Boys*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *geboren den 24ten Mai*

4. Place of Birth, (Street and Number) *No. 212 S. Tallow Str*

5. Full Name of Mother, *Marij Baeier*

6. Mother's Maiden Name, *Marij Ahermann*

7. Mother's Birthplace, *Deutschland*

8. Full Name of Father, *Franz Baeier*

9. Father's Occupation, *Handarbeiter*

10. Father's Birthplace, *Deutschland*

Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*

Address, *No. 209 S. Tallow Str*

Remarks, *Hebammen*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24 of May 1883*
4. Place of Birth, (Street and Number) *Collington dr*
5. Full Name of Mother, *Sizzie ~~Collington~~ Kreller*
6. Mother's Maiden Name, *Power*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Kreller*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wilers*
- Address, *No 12 Patterson Park av*
- Remarks,

RETURN OF A BIRTH

13644

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

31
1883

Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, May 24th, 1883

4. Place of Birth, (Street and Number) Washington, 2 Doors from Gay

5. Full Name of Mother, Annie C. Brauer

6. Mother's Maiden Name, " " Luken

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John J. Brauer

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, No 238 N. Broadway -

Remarks,

RETURN OF A BIRTH.

63645

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 24th 1883
4. Place of Birth (Street and Number) 833. Eden
5. Full Name of Mother Maggie E. Loom
6. Mother's Maiden Name " " McGannon
7. Mother's Birthplace Balto
8. Full Name of Father Joseph H. Loom
9. Father's Occupation Coal Merchant
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Dr. B. J. Reynolds M.D.
- Address 171 N. Calvert
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1 child*
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *24 May*
4. Place of Birth, (Street and Number) *80 Commercial Street*
5. Full Name of Mother, *Heatie Thorzing*
6. Mother's Maiden Name, *Heatie Hiltchenstein*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Thorzing*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Waller*
- Address, *239 E. Igou Street*
- Remarks,

When the child is born, the mother, father, or other person who makes this return, shall be sworn to the truth of the statements made, and the penalty of perjury shall be imposed upon any person who makes a false statement.

State, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

may 24th

4. Place of Birth, (Street and Number)

no 93 Lower St

5. Full Name of Mother,

annie hollen

6. Mother's Maiden Name,

annie hollen

7. Mother's Birthplace,

colbert county

8. Full Name of Father,

walter smith

9. Father's Occupation,

water

10. Father's Birthplace,

virginia

Name of Medical Attendant, or other Person who makes this Return

mrs Lydia Porter

Address,

no 4 patps co avenue

Remarks,

healthy child

RETURN OF A BIRTH

13648

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
30
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 24th 1883

4. Place of Birth, (Street and Number)

No. 2 Drough St between Madison & Ch...

5. Full Name of Mother,

Martha A. Hawkins

6. Mother's Maiden Name,

" " Fanntheroy

7. Mother's Birthplace,

Dumville Va

8. Full Name of Father,

John Henry Hawkins

9. Father's Occupation,

Labouring in Can Factory

Father's Birthplace,

Pensacola Fla

Name of Medical Attendant, or other Person who makes this Return

Mrs H. H. Smith

Address,

No. 2 Elderly Street No. 105

Remarks,

is, in, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53649

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

Aug. 24. 83.

5. Place of Birth, (Street and Number)

Freemont st No 41

6. Full Name of Mother,

Mary Roth

7. Mother's Maiden Name,

Flammel

8. Mother's Birthplace,

Balt.

9. Full Name of Father,

Harl Roth

10. Father's Occupation,

Goldner

11. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

Wm. Geh. Kaulbach

Address,

12 W. 1st St No 14

Remarks,

RETURN OF A BIRTH

3650

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 24th 1893

4. Place of Birth, (Street and Number)

79 S. DuPont St.
Charlotte Neckles

5. Full Name of Mother,

Morrison

6. Mother's Maiden Name,

Virginia

7. Mother's Birthplace,

Edward Neckles

8. Full Name of Father,

Cab Maker

9. Father's Occupation,

City

10. Father's Birthplace,

Ind D Blake Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13657

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th May

4. Place of Birth, (Street and Number)

74 S Washington

5. Full Name of Mother,

Elizabeth Howard

6. Mother's Maiden Name,

Elizabeth Henderson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Howard

9. Father's Occupation,

Tug Boat Captain

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

R. W. Mansfield

Address,

117 S Broadway

Remarks,

RETURN OF A BIRTH

13652

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 24

4. Place of Birth, (Street and Number)

W. Schappels St. No. 98

5. Full Name of Mother,

Barbara Bauer

6. Mother's Maiden Name,

Scharold

7. Mother's Birthplace,

Bavaria

8. Full Name of Father,

Gasper Bauer

9. Father's Occupation,

Lebner

Father's Birthplace,

Bavaria

Name of Medical Attendant,

or other Person who makes this Return

Wm. G. Baumbach

Address,

W. Trapp St. 14

Remarks,

of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

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BALTIMORE CITY.

Remarks, The hair of her Christmas is over a foot long, done up in two plaits. Tied with Red Ribbon.

11 S. 1427 Lr

RETURN OF A BIRTH

13614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 24th 1883

4. Place of Birth, (Street and Number)

4. 9 Forrest St

5. Full Name of Mother,

Ella Brack-house

6. Mother's Maiden Name,

Ella Olier

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Jacob Brack-house

9. Father's Occupation,

Laborer

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

5. Forrest St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13655

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. Five

JAN

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th May 83

4. Place of Birth, (Street and Number)

1143 Lexington St

5. Full Name of Mother,

Mrs George Parks

6. Mother's Maiden Name,

George Kirby

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Capt Jones

9. Father's Occupation,

Fruit Dealer

● Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return

Dr Jackson Evans

Address,

175 Saratoga St

Remarks,

Dr O. H. C.

RETURN OF A BIRTH

6366

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN 8 1883

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 24 May

4. Place of Birth, (Street and Number) 80 Harrison St.

5. Full Name of Mother, Amelia Louie

6. Mother's Maiden Name, Amelia Louie

7. Mother's Birthplace, Poland

8. Full Name of Father, Harris Louie

9. Father's Occupation, Peddler

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Roger M. G.
48 Holland St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

13657
JUN 8 1903
FILED

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 24 May

4. Place of Birth, (Street and Number) 151 Chessnut St.

5. Full Name of Mother, Mary Rollman

6. Mother's Maiden Name, Pilgrim

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Fred. Rollman

9. Father's Occupation, Carpenter

● Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Allsig

Address, 48 Ballard St.

Remarks,

RETURN OF A BIRTH

63658

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 24th 1893

4. Place of Birth, (Street and Number)

161 N. Lombard - Maternity

5. Full Name of Mother,

Minnie Crow

6. Mother's Maiden Name,

Winn

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

—

9. Father's Occupation,

—

Father's Birthplace,

—

Name of Medical Attendant,

or other Person who makes this Return

W. P. M. Lutzsch M.D.

Address,

161 N. Lombard St

Remarks,

Child legitimate

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH.

73659

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth May 24-93.
4. Place of Birth (Street and Number) Cor. Bolton & Mosher Sts
5. Full Name of Mother Shepherd Canning
6. Mother's Maiden Name " Woodrider
7. Mother's Birthplace Frederick, Md.
8. Full Name of Father A. J. Canning
9. Father's Occupation Druggist
10. Father's Birthplace Mass.
Name of Medical Attendant, or other Person who makes this Return. John T. King, M.D.
Address 215 Carrollton av.
Remarks

RETURN OF A BIRTH

6366a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 25th

4. Place of Birth, (Street and Number)

568 S. Charles Str.

5. Full Name of Mother.

Christina Frank.
Schwaab

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles John Frank
Shoe Cutter

9. Father's Occupation,

● Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Robt. Wines

Address,

1 S. Deyfull St.

Remarks,

RETURN OF A BIRTH

63661

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race) ..

Brown Skin

3. Date of Birth,

May 26th 1883

4. Place of Birth, (Street and Number)

Catho St

5. Full Name of Mother,

Mary Duncan

6. Mother's Maiden Name,

Mary Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard Duncan

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louisa Beatty

Address,

Remarks,

RETURN OF A BIRTH

13662

To the Office of Registrar of Vital Statistics, Board of Health,
 BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 May

4. Place of Birth, (Street and Number)

7 Bloymin street

5. Full Name of Mother,

Ellen Ager

6. Mother's Maiden Name,

Lience

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Ager

9. Father's Occupation,

Labourer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

13663

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the person, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

63664

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not~~ of the white race)

3. Date of Birth *5. 25, 83.*

4. Place of Birth (Street and Number) *140 Columbia ave*

5. Full Name of Mother *Mary Margaret Henderson*

6. Mother's Maiden Name *Morgan*

7. Mother's Birthplace *Georgetown D.C.*

8. Full Name of Father *James Henderson*

9. Father's Occupation *Vaughan*

10. Father's Birthplace *Georgetown D.C.*

Name of Medical Attendant, or other Person who makes this Return. *H. M. Eastman,*

Address

349 Herd

Remarks

Natural

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th
Male

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

May 25/83

5. Place of Birth, (Street and Number)

114 Parkin St

6. Full Name of Mother,

Blanca B Calvert

7. Mother's Maiden Name,

in Helmsing

8. Mother's Birthplace,

City

9. Full Name of Father,

Mr B Calvert

10. Father's Occupation,

Stone Mason

11. Father's Birthplace,

City
Mr J H Mason

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *6666*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- May 31 1893*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *25*
4. Place of Birth, (Street and Number) *partel st No 10*
5. Full Name of Mother, *Lara johnson*
6. Mother's Maiden Name, *Lara murray*
7. Mother's Birthplace, *bethel st*
8. Full Name of Father, *Henry johnson*
9. Father's Occupation, *laborn work*
10. Father's Birthplace, *Paffok fore jener*
- Name of Medical Attendant, or other Person who makes this Return *Susan marke 47 North Durham st*
- Address, *47 North Durham st*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

male



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female Female
White White
25 Mar 1883 25 Mar 1883
Baltimore St. 488
Gene Schroeder Jan
Gene Rogala Vogda
Fairview E. M. D. Md
Richard Schroeder
Vignier
L. H. H. L. H. H.
Mrs. G. G.
No 60 Schroeder St.

Of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

73668

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 25 1883*

4. Place of Birth, (Street and Number) *Water St., 13 District Baltimore County*

5. Full Name of Mother, *Georgiana*

6. Mother's Maiden Name, *Gable*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jacob Meiller*

9. Father's Occupation, *Brick moulder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Mrs. Ranger, Midwife

Address,

Remarks,

Luella Gange

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13669

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Friday May 11-1883

4. Place of Birth, (Street and Number)

Apton St No 13

5. Full Name of Mother,

Sally Sully

6. Mother's Maiden Name,

Sally

7. Mother's Birthplace,

Norton shore MD

8. Full Name of Father,

Bengerman Sully

9. Father's Occupation,

labor

10. Father's Birthplace,

Norfolk Virginia

Name of Medical Attendant, or other Person who makes this Return.

Chollety proctor midwife

Address,

Carlton St No 10

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *John Lewis Eighenbrot*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

May 25 1883

4. Place of Birth, (Street and Number)

No. 166 S. Paca St.

5. Full Name of Mother,

house

Caroline Eighenbrot

6. Mother's Maiden Name,

Zeun

7. Mother's Birthplace,

America Eighenbrot

8. Full Name of Father,

John Eighenbrot

9. Father's Occupation,

Goldplater

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Lohwasser midwife

Address,

330 Hanover St.

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should occur during the absence of the mother, the father, or any other person, it shall be the duty of the person so attending, to make a return of the birth of such child to the Registrar of Vital Statistics, within the period above required, except in the cases of this birth and death of a child, in the manner, and to the person or persons, and shall hereafter fail to comply with the provisions of such section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

83671

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *ballant*
3. Date of Birth, *May 25 1883*
4. Place of Birth, (Street and Number) *N. 60 Biddle alley*
5. Full Name of Mother, *Ellen Rines*
6. Mother's Maiden Name, *Ellen Harris*
7. Mother's Birthplace, *Baltimore County Md*
8. Full Name of Father, *Henry Rines*
9. Father's Occupation, *Sawyer*
10. Father's Birthplace, *Eastern Shore Md*
- Name of Medical Attendant, or other Person who makes this Return *Harvann Mason*
- Address, *37 Walnut alley*
- Remarks, *Good and healthy*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 25/83

4. Place of Birth, (Street and Number)

501 Saratoga

5. Full Name of Mother,

Mary W. Emmick

6. Mother's Maiden Name,

McSubeimer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Randolph McSubeimer

9. Father's Occupation,

Car-maker

Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Thomas Opie

Address,

39 N. Carey St

Remarks,

RETURN OF A BIRTH

13673

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 23 1883

4. Place of Birth, (Street and Number)

76 N. Union Str

5. Full Name of Mother,

Rosa Schaff

6. Mother's Maiden Name,

Glaescher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Schaff

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Pratt

Address,

236 Canton Ave

Remarks,

For set of six on 1st or children.

RETURN OF A BIRTH

63674

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN
5
1883

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 25-1883

4. Place of Birth, (Street and Number)

2167 E. Starr Place

5. Full Name of Mother,

Mary Kenseit

6. Mother's Maiden Name,

Mary Bryden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos. H. Kenseit

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. W. L. L. L. L.

Address,

121 E. L. L. L.

Remarks,

Of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13675

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

4th
Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 26th 1883

4. Place of Birth, (Street and Number)

No 7 Bradford alley

5. Full Name of Mother,

Lizzie

6. Mother's Maiden Name,

" Shaeffer

7. Mother's Birthplace,

City

8. Full Name of Father,

John Wolf

9. Father's Occupation,

Labour

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

125 Bank st

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

JUN
2
1882

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
May 26/82
459 W. Lexington
Annie Prescott
" E. Kemmick
Newburn N. C.
Wm. Jones
Tobacco
Iron River

A. L. Sprinkler
317 W. Lombard St

RETURN OF A BIRTH

63677

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Female

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

25 May 1883

5. Place of Birth, (Street and Number)

14 N. E. Ave

6. Full Name of Mother,

Mrs. Marguerite Sandell Tamm

7. Mother's Maiden Name,

" " "

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Pierce

10. Father's Occupation,

Police Officer

11. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

C. B. Shanks M.D.
39 Cathedral

Address,

Remarks,

RETURN OF A BIRTH

13678

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
20
1903

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 26 1883

4. Place of Birth, (Street and Number) 72 Burgundy Alley

5. Full Name of Mother, Elizabeth Gooden

6. Mother's Maiden Name,

7. Mother's Birthplace, Accomac County Va

8. Full Name of Father, Charles Gooden

9. Father's Occupation, Labourer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Debrah Thomas

Address, 71 Burgundy Alley

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

73679

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 12th child.

2. Sex, (state whether male or female)

Girl

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

26 of May 1883

5. Place of Birth, (Street and Number)

87 1/2 North Chapel street.

6. Full Name of Mother,

Kate Bauer Bauer.

7. Mother's Maiden Name,

Kate Spahn.

8. Mother's Birthplace,

Germany.

9. Full Name of Father,

Karl Spahn.

10. Father's Occupation,

Carpenter

11. Father's Birthplace,

Germany.

Name of Medical Attendant,

or other Person who makes this Return

Crecentia Kunkel

Address,

77 North Chapel st. for Justina Kunkel.

Remarks,

Healthy.

RETURN OF A BIRTH.

13680

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

5 Month 26th day 1883

4. Place of Birth (Street and Number)

401 Aisquith

5. Full Name of Mother

Elmira J. Maignan

6. Mother's Maiden Name

Dennis

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Matthew H. Wryth

9. Father's Occupation

Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return.

Isaac Miller

Address

179 E. Monument St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63681

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.

of the parents, and the mother name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

1. Sex, (state whether male or female)

female,

2. Race or Color, (if not of the white race)

White,

3. Date of Birth,

May 26, 1883.

4. Place of Birth, (Street and Number)

104 E. Broadway.

5. Full Name of Mother,

Annie M. Russell.

6. Mother's Maiden Name,

Murray.

7. Mother's Birthplace,

Washington

8. Full Name of Father,

Fred. L. Russell.

9. Father's Occupation,

Captain - Seaman.

10. Father's Birthplace,

Maine.

Name of Medical Attendant, or other Person who makes this Return

A. Monro.

Address,

119 W. Morris street.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13682

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Saturday, May 26th 1883*
4. Place of Birth (Street and Number) *#505 Lexington St.*
5. Full Name of Mother *Louisa H. Piquett,*
6. Mother's Maiden Name *" " Lepp,*
7. Mother's Birthplace *Philadelphia, Pa.*
8. Full Name of Father *John P. Piquett, Esq.*
9. Father's Occupation *Druggist*
10. Father's Birthplace *Balt. Co.*
- Name of Medical Attendant, or other Person who makes this Return. *Charles Getz, M.D.*
- Address *#579 Lexington St.*
- Remarks

RETURN OF A BIRTH

13683

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
20
1883

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, ~~May 26th 1883~~ May 26th 1883
 4. Place of Birth, (Street and Number) 57 Muligan Street
 5. Full Name of Mother, Emmaie Richardson
 6. Mother's Maiden Name, Bonds
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, Frank Richardson
 9. Father's Occupation, Stevedore
 10. Father's Birthplace, Richmond Va
- Name of Medical Attendant, or other Person who makes this Return Mrs. H. H. Smith
- Address, 100# N. Eldon Street
- Remarks,

RETURN OF A BIRTH

12684

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

~~Male~~

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 26th

4. Place of Birth, (Street and Number)

324 S. Charles st.

5. Full Name of Mother,

Augusta Schoenung

6. Mother's Maiden Name,

Augusta Weisel

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Fred. Schoenung

9. Father's Occupation,

Carpet Merchant

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

Redf. W. W. W.

Address,

1 S. Charles st.

Remarks,

RETURN OF A BIRTH

13685

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 26th '83

4. Place of Birth, (Street and Number)

No 44 Ledenhall St

5. Full Name of Mother,

Christina Stroh

6. Mother's Maiden Name,

" Uncle

7. Mother's Birthplace,

Petercoff Germany

8. Full Name of Father,

Daniel Stroh

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Mouch

Address,

44 Ledenhall & Montforty St

Remarks,

RETURN OF A BIRTH

63686

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 26 - 1883

4. Place of Birth, (Street and Number)

2 S. First Street

5. Full Name of Mother,

Winifred Campes

6. Mother's Maiden Name,

Winifred Kirkham

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Campes

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address, No 12 Patterson Park

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63687

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 26th 1883. 6 P.M.*

4. Place of Birth (Street and Number) *116. 4. Mount St.*

5. Full Name of Mother *Hattie Chesley*

6. Mother's Maiden Name *Hattie Hinckley*

7. Mother's Birthplace *Anna Arundel Co. Md*

8. Full Name of Father *Jas Chesley*

9. Father's Occupation *Freight Clerk. B & O R.*

10. Father's Birthplace *West River Md*

Name of Medical Attendant, or other Person who makes this Return. *A. D. Jackson M.D.*

Address

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63688

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) . *Primipara. Twins*
1. Sex (state whether Male or Female) *Females.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *May 26th 3. A. M.*
4. Place of Birth (Street and Number) *226. Harlem Ave.*
5. Full Name of Mother *Fluence Connel*
6. Mother's Maiden Name *Fluence Rogers*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Samuel Smith Esq*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *A. W. Oastin M.D.*
Address *243 Lexington St*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 26, 1883.

4. Place of Birth, (Street and Number) 256 Madison Ave

5. Full Name of Mother, Catherine E. Starr

6. Mother's Maiden Name, "

7. Mother's Birthplace, Prussia

8. Full Name of Father, David W. Laws

9. Father's Occupation, confectioner

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return

Dr. Lane Nauylin

Address,

Remarks,

born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13690

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 26 1888

4. Place of Birth, (Street and Number)

101 Eastern Ave

5. Full Name of Mother,

Elise Bark

6. Mother's Maiden Name,

Janssen

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Richard Bark

9. Father's Occupation,

Salver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13691

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1...

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 May

4. Place of Birth, (Street and Number)

47 Eden street

5. Full Name of Mother,

Sena Offbeverstein

6. Mother's Maiden Name,

Baltimore Peperbringer

7. Mother's Birthplace,

Author Baltimore

8. Full Name of Father,

Author Offbeverstein

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13692

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. *Mary V. Ryan*
Female
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *26 May*
4. Place of Birth, (Street and Number) *25-2 Starford Avenue*
5. Full Name of Mother, *Catherine Kate (Rhein) Ryan*
(Murren) Moran
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Ambrose (Rhein) Ryan*
9. Father's Occupation, *Sergeant*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*
- Address, *72 E. Lombard street*
- Remarks,

(10-34-38)

RETURN OF A BIRTH

15693

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Birth, its of their physical condition, whether still-born or not, the full name, sex, age, and residence of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 26 1888

4. Place of Birth, (Street and Number)

No 4 Cuba Street

5. Full Name of Mother,

Felomena Schbert

6. Mother's Maiden Name,

Felomena Weddell

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carroll Schbert

9. Father's Occupation,

Machine

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Margaret Etzel

Address,

No 13 Cuba Street

Remarks,

RETURN OF A BIRTH, 13694

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6)*

1. Sex (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *26th May /83*

4. Place of Birth, (Street and Number) *333 E Chase St*

5. Full Name of Mother *Kate Taylor*

6. Mother's Maiden Name *Kate Sunderland*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Edw Taylor*

9. Father's Occupation *Bricklayer*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Amanda Marine*

Address *No 175 E Eden St*

Baltimore Md

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6369.1

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

4th

Female

JUN

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 26th 1853

4. Place of Birth, (Street and Number)

28 Harvest St

5. Full Name of Mother,

Harriet Banks

6. Mother's Maiden Name,

Isaiah H. A

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace:

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

N 5. Harvest St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *May 26 / 83*
4. Place of Birth, (Street and Number) *421 Harburg St.*
5. Full Name of Mother, *Mary Whalen*
6. Mother's Maiden Name, *Reinhardt*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Chas E. Whalen*
- Father's Occupation, *Coach Painter*
10. Father's Birthplace, *Mo. Mr. Blake*
- Name of Medical Attendant, or other Person who makes this Return
- Address,
- Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13697

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 20th 1883

4. Place of Birth, (Street and Number)

No Cathedral St

5. Full Name of Mother,

Mary Ann T. Murdoch

6. Mother's Maiden Name,

Galener

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Russell Murdoch

9. Father's Occupation,

Physician

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Regina Buckner

Address,

135 N Charles St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13698

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 May

4. Place of Birth, (Street and Number) 112 High St.

5. Full Name of Mother, Annie Lesler

6. Mother's Maiden Name, Robinson

7. Mother's Birthplace, Virginia

8. Full Name of Father, Mathai Lesler

9. Father's Occupation, shoemaker

● Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Allen

Address, 48 Hall and

Remarks,

RETURN OF A BIRTH, 13699

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Perin
Female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 26/83 -

4. Place of Birth, (Street and Number)

No. 452 N. Fremont

5. Full Name of Mother

R. O. M. Christhill

6. Mother's Maiden Name

Gill

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Henry B. Christhill

9. Father's Occupation

Commission Merchant

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene St

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63700

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN 1 1903

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *May 17*

4. Place of Birth, (Street and Number) *310 Cross St*

5. Full Name of Mother, *Hanna George*

6. Mother's Maiden Name, *Hanna Leeves*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Corrad George*

9. Father's Occupation, *Miner*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *1 S. T. J. St*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
24
1893

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

27 May 83

4. Place of Birth (Street and Number)

210 Mulberry St.

5. Full Name of Mother

Cecilia Jackson

6. Mother's Maiden Name

Pickering

7. Mother's Birthplace

Balt.

8. Full Name of Father

John Jackson

9. Father's Occupation

Shoemaker

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Thos. C. C. C.

Address

364 Madison Ave.

Remarks

RETURN OF A BIRTH

13702

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The Child

MAY

1903

1803

1803

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

13703

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the person, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the seventh child.*
1. Sex, (state whether male or female) *female.*
2. Race or Color, (if not of the white race) *white.*
3. Date of Birth, *24th May 1883.*
4. Place of Birth, (Street and Number) *Highland St. B. C.*
5. Full Name of Mother, *Mary Wagner.*
6. Mother's Maiden Name, *Mary Paul.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *Philipp Wagner.*
9. Father's Occupation, *Butcher.*
- Father's Birthplace, *Germany.*

Name of Medical Attendant,

or other Person who
makes this Return

Address, *No 12 Patterson*

*Mrs Wiley
Park Ave*

Remarks,

RETURN OF A BIRTH

13704

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 24, 1883*

4. Place of Birth, (Street and Number) *E. Fayette St. No. 496*

5. Full Name of Mother, *Mary Bach*

6. Mother's Maiden Name, *Mary Weber*

7. Mother's Birthplace, *Liebes. in Prussia Germany*

8. Full Name of Father, *Wilhelm Bach*

9. Father's Occupation, *Teacher of Logic*

Father's Birthplace, *Bris. in Prussia Germany*

Name of Medical Attendant, or other Person who makes this Return *May E. Haller*

Address, *W. Dallas St. No. 26*

Remarks, _____

MAY 25 1883

certificates, between the first and third day of each and every month, to the Board of Health, in case the certificate is withheld, the parent or person who has the custody of the child, shall be liable to a fine of \$100, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person who has the custody of the child to report its birth to the Board of Health, in the manner, and within the period above stated, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 27th May 83

4. Place of Birth, (Street and Number) 414 Pine & Black St

5. Full Name of Mother, Mary J. Gernerhausen

6. Mother's Maiden Name, Whitehead

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Frank J. Gernerhausen

9. Father's Occupation, Cooper

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Mrs. A. Simons

Address, 1445 S. Monroe St

Remarks,

RETURN OF A BIRTH

13706

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st of children

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

col

3. Date of Birth,

May 27th

4. Place of Birth, (Street and Number)

Balto city, Bethel St No. 69

5. Full Name of Mother,

Virginia Griffin

6. Mother's Maiden Name,

Virginia Smith

7. Mother's Birthplace,

Balto city

8. Full Name of Father,

Charles E. Griffin

9. Father's Occupation,

Barber

Father's Birthplace,

Balto city

Name of Medical Attendant,

or other Person who makes this Return

Susan Morgan

Address,

No 47 north Durham St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

12707

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
31
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth May 27 - 1883
4. Place of Birth (Street and Number) No 9 - Wilmer alley
5. Full Name of Mother Catherine Thomas
6. Mother's Maiden Name Cheasley
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Thomas
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Fawcett M.D.
- Address 92 Madison St
- Remarks

RETURN OF A BIRTH

63708

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 27th 1883 May 27th 1883

4. Place of Birth, (Street and Number)

No 4 Woodley St.

5. Full Name of Mother,

Maggie F. Rose

6. Mother's Maiden Name,

W. Gae

7. Mother's Birthplace,

Batavia

8. Full Name of Father,

Christ F. Rose

9. Father's Occupation,

Labor

Father's Birthplace.

Batavia

Name of Medical Attendant, or other Person who makes this Return

E. Elizabeth Schmitt

Address,

No 438 Penn Ave.

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

15709

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUN
3
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 27th 1883

4. Place of Birth, (Street and Number) 402 8th street

5. Full Name of Mother Emma Virginia Wilder

6. Mother's Maiden Name Emma Virginia Hayse

7. Mother's Birthplace Maryland

8. Full Name of Father John B Wilder

9. Father's Occupation Laborer

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return Mrs. Sarah Lonsdale and wife

Address 402 8th street

Remarks mother and child doing well

RETURN OF A BIRTH

12710

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *or 4*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 21*

4. Place of Birth, (Street and Number) *No 275 E Lombard St*

5. Full Name of Mother, *Mrs Annie John*

6. Mother's Maiden Name, *Rapp*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William John*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm Goetzke*

Address, *No 55 S. Bond St*

Remarks.

RETURN OF A BIRTH

13711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27th

4. Place of Birth, (Street and Number) No. 384 E. Monument St.

5. Full Name of Mother Mrs. Emma Haupel

6. Mother's Maiden Name, Klees

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Haupel

9. Father's Occupation, Gov. Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. George

Address No. 55, 21 Bond St.

Remarks,

JUN
27
1893

RETURN OF A BIRTH

13712

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *May 27*
4. Place of Birth, (Street and Number) *No 179 York St*
5. Full Name of Mother, *Eliza Monroe*
6. Mother's Maiden Name, *Eliza Crosby*
7. Mother's Birthplace, *Essex County Va*
8. Full Name of Father, *Columbus Crosby*
9. Father's Occupation, *Works in a flour factory*
10. Father's Birthplace, *Northernland County Va*
- Name of Medical Attendant, or other Person who makes this Return *Mattie Gross*
- Address, *No 12 Plum Alley*
- Remarks,

RETURN OF A BIRTH

13713

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
2
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 27 1883

4. Place of Birth, (Street and Number)

188 N. Eden St.

5. Full Name of Mother.

Marg Sewel

6. Mother's Maiden Name,

Yaeger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George D. Sewel

9. Father's Occupation,

Tanner

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marg Stein

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Kind

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

geboren den 27ten May

4. Place of Birth, (Street and Number)

32 22. Chäpper Str

5. Full Name of Mother,

Mary Speiser

6. Mother's Maiden Name,

Mary Hnittinger

7. Mother's Birthplace,

Deutschland

8. Full Name of Father,

Samuel Speiser

9. Father's Occupation,

Handarbeiter

10. Father's Birthplace,

Deutschland

Name of Medical Attendant, or other Person who makes this Return

Friederike Kaufmann

Address, 32 202. S. Decker Str

Remarks,

Hebammen

certificates, between the first and third day of each and every month, to the Board of Health, or birth of any child shall occur without the attendance of a physician, or a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother, to report the birth of the child to the Registrar of Vital Statistics, and to sign the certificate of birth, and to pay the fee thereon, and to file the same with the Registrar of Vital Statistics, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7
Female
White
May 27 1883

373 Eastern
Mary Wipman
Germantown, Pa
John Wipman
Bookkeeper
Germantown

Was E. J. Tracy
193 Cherry

At the person's, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13716

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 27 1883

4. Place of Birth, (Street and Number)

Cocker, Street

5. Full Name of Mother,

Eva ~~Sange~~ Schwank

6. Mother's Maiden Name,

Eva Sange

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wilhelm Schwank

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Magie Etzel

Address,

No 13 Cuba Street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

63717

BALTIMORE CITY.

12

Male

White

May 27th 1883

287 North Caroline St

Catherine Spear Register

grave

Baltimore

Henry Licer Register

Prass & Bill Gunders

Baltimore

or other Person who
makes this Return

Mr. Biffenderfer, Pres.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63718

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

State, to which the child was born, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5-

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

27th

May 1883

4. Place of Birth, (Street and Number)

127 York st

5. Full Name of Mother,

Laura Frazer

6. Mother's Maiden Name,

Laura Burke

7. Mother's Birthplace,

Balto County

8. Full Name of Father,

Charles Frazer

9. Father's Occupation,

Laborer

Father's Birthplace:

New York

Name of Medical Attendant, or other Person who makes this Return

Charles Moore

Address,

No 2 Seldner st.

Remarks,

Balto and

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63719

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

JUN
1883
BALTIMORE

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

May 28, 1883.

4. Place of Birth, (Street and Number)

130 S. Chester St.

5. Full Name of Mother,

Ella Shinnick,

6. Mother's Maiden Name,

Ella McEann

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Joseph Shinnick.

9. Father's Occupation,

Pilot

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant,

or other Person who
makes this Return

A. F. Erich, M.D.

Address,

95 Park Ave.

(Rohr)

Remarks,

RETURN OF A BIRTH

63720

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*

2. Sex, (state whether male or female) *Female Child*

3. Race or Color, (if not of the white race)

4. Date of Birth, *May 28 1883*

5. Place of Birth, (Street and Number) *101 Columbia Ave*

6. Full Name of Mother, *Mary Rehmeyer*

7. Mother's Maiden Name, *Mary Wallrab*

8. Mother's Birthplace, *Baltimore*

9. Full Name of Father, *Louis C Rehmeyer*

10. Father's Occupation, *Piano Maker*

11. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return

Address, *101 Columbia Ave*

Remarks,

RETURN OF A BIRTH

13721

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
1
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28th 1883

4. Place of Birth, (Street and Number)

438 N. Calhoun

5. Full Name of Mother,

Ida S. Chapman

6. Mother's Maiden Name,

Brook

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Geo. Wm. Chapman

9. Father's Occupation,

Dairyman

Father's Birthplace,

Baltic City

Name of Medical Attendant, or other Person who makes this Return

J. H. Christman M.D.

Address,

431 Penna. Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63722

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1893

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 8th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 28 1893

4. Place of Birth, (Street and Number)

Livingston St No 37

5. Full Name of Mother,

George Ann Davaul

6. Mother's Maiden Name,

George Ann Basket

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charley Davaul

9. Father's Occupation,

Labourer

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mary E Anderson

Address,

No 10 Alps St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

name, nativity, and residence of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 28, 1883*

4. Place of Birth, (Street and Number) *W. Eden St. No. 188*

5. Full Name of Mother, *Anna Hennoff*

6. Mother's Maiden Name, *Anna Sperber*

7. Mother's Birthplace, *Baltic City*

8. Full Name of Father, *Louis Hennoff*

9. Father's Occupation, *Tavern Keeper*

Father's Birthplace, *Eidenhausen, W. Prussia, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Hubler*

Address, *N. E. Ballas St. No. 26*

Remarks,

RETURN OF A BIRTH

63724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 28 1893

4. Place of Birth, (Street and Number)

120 Marshall Ave
Mary C. Crowley

5. Full Name of Mother,

6. Mother's Maiden Name,

J. Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Crowley

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Frederick Crowley

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

53725

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female,

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

May 28 1883.

4. Place of Birth, (Street and Number)

189 Mulberry St.

5. Full Name of Mother,

Mary Ann Newman
O'Brien

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Wm. A. Newman

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Dr. Morgan

Address,

119 N. Monument St.

Remarks,

RETURN OF A BIRTH *13726*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 28th 1883*
 4. Place of Birth, (Street and Number) *No 1329 N. Central av.*
 5. Full Name of Mother, *Catherine Freund*
 6. Mother's Maiden Name, *Catherine Kuecherl*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Henry Freund*
 9. Father's Occupation, *Taylor*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *W. A. Butt*
 Address, *No 185. S.E. cor Central av. & Monument St.*
 Remarks, *Well*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall then become the duty of the parent or parents, or such child, to report the birth of the child to the Registrar of Health, in the manner, and within the period above required, except in the cases of the births of illegitimate children, and any person or persons who shall offend in failing to comply with the provisions of this act shall be subject to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 13727

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *May 28/1883*
4. Place of Birth, (Street and Number) *No. 55 1/4 Light St.*
5. Full Name of Mother, *Erastine Weiland*
6. Mother's Maiden Name, *Readeky*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Joseph Weiland*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *J. Schaeffer midwife*
- Address, *330 Hanover St.*
- Remarks, _____

RETURN OF A BIRTH

13728

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 28 1883

4. Place of Birth, (Street and Number)

140 S Central Ave

5. Full Name of Mother,

Kate Mo Mahan

6. Mother's Maiden Name,

Quinlivan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Mc Mahan

9. Father's Occupation,

Ice Driver

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who
makes this Return

Mary Stein

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63729

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 May 1883
4. Place of Birth, (Street and Number) 42 Orleans St
5. Full Name of Mother, Elizabeth Mier
6. Mother's Maiden Name, Beck
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Henry Mier
9. Father's Occupation, Machinist
- Father's Birthplace, Europe
- Name of Medical Attendant, or other Person who makes this Return, 94 Eden St
- Address,
- Remarks, labor normal

RETURN OF A BIRTH

63730

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First - C17

JUN 2 1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 28th 1883

4. Place of Birth, (Street and Number)

99 E. Madison St.

5. Full Name of Mother,

Honor G. Riley

6. Mother's Maiden Name,

" Stanley

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Harry Thomas G. Riley

9. Father's Occupation,

Painter

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Regina A. Winter

Address,

186 Hanford Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13731

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *African*

3. Date of Birth, *May 28*

4. Place of Birth, (Street and Number) *21 Short St*

5. Full Name of Mother, *Lula Bush*

6. Mother's Maiden Name, *Lula Hall*

7. Mother's Birthplace, *Chas Co Md*

8. Full Name of Father, *Chas Bush*

9. Father's Occupation, *Laborer*

Father's Birthplace, *Chas Co Md*

Name of Medical Attendant, or other Person who makes this Return *David T Moyle M D*

Address, *192 Disquith St*

Remarks, *City*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Charlotte Register 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 28 1883

4. Place of Birth, (Street and Number)

Delmont Ave & Hopkins Place

5. Full Name of Mother,

Mathie Register

6. Mother's Maiden Name,

Hyatt

7. Mother's Birthplace,

Bladensburg

8. Full Name of Father,

J. P. Register

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

W. M. Miller

Address,

257 Marl. Ave.

Remarks,

Instrumental Assistance

GIVEN NAME ADDED.

5-5-52

of the parents, and the maiden name of the mother of such child or children."

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

13723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number) 238 Pratt St
5. Full Name of Mother, Johnnie Johnson
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Sharon Staten Island
8. Full Name of Father, John Johnson
9. Father's Occupation, Cabinet maker
- Father's Birthplace, Sharon Staten Island
- Name of Medical Attendant, or other person who makes this Return Miss Vick
- Address, 238 Pratt St
- Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the given name of the mother of such child or children.

RETURN OF A BIRTH.

63734

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUN
15
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *Colored.*
3. Date of Birth *May 28, 1883.*
4. Place of Birth (Street and Number) *220 Preston St.*
5. Full Name of Mother *Mary J. Smith.*
6. Mother's Maiden Name *Mary Johnson.*
7. Mother's Birthplace *Carroll County.*
8. Full Name of Father *Sidney Smith*
9. Father's Occupation *Wagonman.*
10. Father's Birthplace *Boston Shore Ma.*
- Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Bias.*
- Address *277 W. Biddle St.*
- Remarks

RETURN OF A BIRTH

63735

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May 28 1883*

4. Place of Birth, (Street and Number) *John C. Perry 7*

5. Full Name of Mother, *Lemina Butler*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Fredrick City Maryland*

8. Full Name of Father, *William Page*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Gloster Virginia*

Name of Medical Attendant, or other Person who makes this Return *Dr. Miller Banks*

Address, *89 E. Calver Alley*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Third
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

28th of May 1883

4. Place of Birth, (Street and Number)

69 Jackson Alley

5. Full Name of Mother,

Francisca Weigmann

6. Mother's Maiden Name,

Francisca Schusser

7. Mother's Birthplace,

Hamminster Bavaria

8. Full Name of Father,

John Baptiste Weigmann

9. Father's Occupation,

Schmied

Father's Birthplace,

Indersdorf Bavaria

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dummer

Address,

No. 60 Schroeder St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

May 28. 83.

W. Walpstr No 84

Marlene Schwanzke

Fenster

Baltimore

Joseph Schwanzke

Laborer

Balt.

Mrs. Joh. Ransbach

W. Walpstr No 114

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13738

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 28, 83

4. Place of Birth, (Street and Number)

Oliver St No 292

5. Full Name of Mother,

Mary Anne Stumpf

6. Mother's Maiden Name,

Ritzger

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Carl Stumpf

9. Father's Occupation,

Shoemaker

Father's Birthplace,

Berlin

Name of Medical Attendant, or other Person who makes this Return

Wm. F. Bausch

Address,

W. Walp. St No 14

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13739

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, May 28, 1883

4. Place of Birth, (Street and Number)

Balto Fairmount Ave. 73

5. Full Name of Mother,

Mary Ables

6. Mother's Maiden Name,

Mary Kopriwa

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Kopriwa

9. Father's Occupation,

Lumber

Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mary O'Leary

Address,

69 N Washington St

Remarks,

Mary O'Leary

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 May 1885

4. Place of Birth, (Street and Number) Patco Tigarette St No 344

5. Full Name of Mother, Maggie Bowling

6. Mother's Maiden Name,

7. Mother's Birthplace, Ireland

8. Full Name of Father, George W Bowling

9. Father's Occupation, Labour

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mary Skiptish

Address, 69 N Washington St

Remarks, Mary Skiptish

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13741

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 May 1883

4. Place of Birth, (Street and Number) Balto. Chemo St No 141

5. Full Name of Mother, Rosa Sineis

6. Mother's Maiden Name, B. Kopriva

7. Mother's Birthplace, Bohemia

8. Full Name of Father, William Sineis

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kaptish

Address, 64 N. Washington St

Remarks, Mary Kaptish

RETURN OF A BIRTH.

13742

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether male or female)

Colored Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

May 28th

4. Place of Birth (Street and Number)

230 E. Fair Street

5. Full Name of Mother

Annie Holden

6. Mother's Maiden Name

Annie Ephsiv

7. Mother's Birthplace

Accomac County

8. Full Name of Father

{ Dead }

9. Father's Occupation

.....

10. Father's Birthplace

.....

Name of Medical Attendant, or other Person who makes this Return.

Mary Birney

Address

Improving well

51. Leadenhall St.

Remarks

.....

the Registrar, stating distinctly the date of birth, sex, and color of the child or children born, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

73743
JUL 8 1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 May

4. Place of Birth, (Street and Number) 19 Conser St

5. Full Name of Mother, Rosa Lang Horstmann

6. Mother's Maiden Name, Rosa ~~Horstmann~~ Lang

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Frederick Horstman

9. Father's Occupation, cigar maker

Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Allig

Address, 148 Hall and

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 20 1883

4. Place of Birth, (Street and Number)

Boulden Alley near Dover St

5. Full Name of Mother,

Harriet Harris

6. Mother's Maiden Name,

Harriet Reed

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Geo H Harris

9. Father's Occupation,

Laborer

Father's Birthplace,

Ma

Name of Medical Attendant,

or other Person who makes this Return

Chas E Saddleman

Address,

665 - 1/2 W. Hill St

Remarks,

State, as of their parents, whether married or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 May 1883

4. Place of Birth, (Street and Number)

83 W. 1st St.

5. Full Name of Mother,

Anna: Dahmer

6. Mother's Maiden Name,

" Reinhardt.

7. Mother's Birthplace,

Bremen Germania

8. Full Name of Father,

Fred. Dahmer

9. Father's Occupation,

Baker

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Carl Mump

Address,

1 S. 1st St.

Remarks,

JUN 1 1883

of the parents, and the maiden name of the mother of such child or children."

to be, the of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13746

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29th May 1893

4. Place of Birth, (Street and Number)

12 S. Euter St

5. Full Name of Mother,

Catharine A. Pearson

6. Mother's Maiden Name,

" " Nichols

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

William T. Pearson

9. Father's Occupation,

Cigar Maker

Father's Birthplace,

Baltimore City Md

Name of Medical Attendant,

or other Person who makes this Return

Mr. Chalmers

Address,

1120 Columbia Ave

Remarks,

1-27-54

15947

Anna Belle _____ and Weiker

34

- Female

- 74 Photo

- May 28th May 29th

- N^o 29 20 Kessel alley

- Gary Heiber

- Barre

- Baltimore

- George F. Fisher

- Painter

- Baltimore

Daphnia *Siemensi*

Geo. E. Granty & Co.

Remarks, _____

ALL CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

137118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 2, 9

4. Place of Birth, (Street and Number)

No 88 Pine St

5. Full Name of Mother,

Mary Sophia Caroline Hageman

6. Mother's Maiden Name,

Miss Klingmeyer

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William George Hageman

9. Father's Occupation,

Carpenter, Undertaker and Dryer

10. Father's Birthplace,

Liebnau, Hanover Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Seibach

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63749

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 29th 1883.

4. Place of Birth, (Street and Number)

34 S. Schroder

5. Full Name of Mother.

Ida Thomas

6. Mother's Maiden Name.

Mitchell

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Louis Thomas

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

W. Christman M.D.

Address,

431 Penna. Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6370

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

May 29th 1883

4. Place of Birth, (Street and Number)

9 McEldery

5. Full Name of Mother,

Carnestine Levy

6. Mother's Maiden Name,

Muller

7. Mother's Birthplace,

New York City

8. Full Name of Father,

Jacob Levy

9. Father's Occupation,

Steward

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. M. Christian M.D.
431 Penno. Ave.

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 29, 1883

4. Place of Birth, (Street and Number)

1. Gallat St. N. E.

5. Full Name of Mother,

Luci Perwin

6. Mother's Maiden Name,

Luci Smith

7. Mother's Birthplace,

Dorchester County, N. Maryland

8. Full Name of Father,

John Smith

9. Father's Occupation,

Saylor

10. Father's Birthplace,

County, Northern N. Virginia

Name of Medical Attendant,

or other Person who makes this Return

Mary E. Miller

Address,

1. Gallat St. N. E. 26

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 30th 1893.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, May 29th 1893.

4. Place of Birth, (Street and Number) 302 Eastern Ave.

5. Full Name of Mother, Maggie Vogel.

6. Mother's Maiden Name, Maggie Miller.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Fred. Vogel.

9. Father's Occupation, Tailor.

Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amend.

Address, 137 South Wolfe St.

Remarks, [Signature]

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

May 29th 1883

MAY
31
1883
67710

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 29th 1883

4. Place of Birth, (Street and Number) 36 Port St.

5. Full Name of Mother, Lina Hellmuth

6. Mother's Maiden Name, Lina Hellmuth

7. Mother's Birthplace, America

8. Full Name of Father, H. H.

9. Father's Occupation, H. H.

10. Father's Birthplace, H. H.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Anand

Address, No. 137 D. Wolfe St.

Remarks, (D)

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63/55

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 29th. 1883

4. Place of Birth, (Street and Number)

No. 8 Mc Keldery Court

5. Full Name of Mother,

Lizzie Smith

6. Mother's Maiden Name,

Lizzie Meyer

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Henry Smith

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. A. Butt

Address, No 185 S.E. Cor Central avt. Monument St.

Remarks, All Well

RETURN OF A BIRTH

13756

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

29th of May

4. Place of Birth, (Street and Number)

Baltimore 13. Greenwillow St

5. Full Name of Mother,

Bessie L. Mann

6. Mother's Maiden Name,

Bessie L. Matthews

7. Mother's Birthplace,

Harover County, Va

8. Full Name of Father,

Samuel W. Mann

9. Father's Occupation,

Stock Dealer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who
makes this Return

Mrs Annie Johnson

Address,

94 Yezzer St - Balto

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13758

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

29th May 1883

4. Place of Birth, (Street and Number)

34 St. Schroeder St

5. Full Name of Mother,

Ida Parker Thomas

6. Mother's Maiden Name,

Ida Parker Mitchell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lewis Thomas

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. R. Benson M.D.

Address,

187 Hollins St

Remarks,

RETURN OF A BIRTH

63759

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
2
1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 29, 1883

4. Place of Birth, (Street and Number)

1318 Division St

5. Full Name of Mother,

Hester Oberdier

6. Mother's Maiden Name,

Hester Hallander

7. Mother's Birthplace,

Baltimore Co

8. Full Name of Father,

Edward Oberdier

9. Father's Occupation,

Miner

Father's Birthplace,

Carroll Co

Name of Medical Attendant, or other Person who makes this Return

Mary A. Mesinger

Address,

345 Tenna Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children.

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance when the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, and in the case of any failure to do so, the parent or parents shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

born on den 29th May

4. Place of Birth, (Street and Number)

No 302, S. Bond. Str

5. Full Name of Mother,

Mary Lehr

6. Mother's Maiden Name,

Mary Feil

7. Mother's Birthplace,

England

8. Full Name of Father,

Edward Lehr

9. Father's Occupation,

Brewer

10. Father's Birthplace,

England

Name of Medical Attendant,

or other Person who makes this Return

Frederike Kaufmann

Address,

No 302, S. Dallas Str

Remarks,

Hebarme

RETURN OF A BIRTH.

62761

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Cold
3. Date of Birth this day - week
4. Place of Birth (Street and Number) North Spring St 146
5. Full Name of Mother Sarah Scott
6. Mother's Maiden Name
7. Mother's Birthplace Mount Washington
8. Full Name of Father
9. Father's Occupation lad carrier
10. Father's Birthplace Mount Washington
- Name of Medical Attendant, or other Person who makes this Return. any clerk 122
- Address North Clark's St
- Remarks

RETURN OF A BIRTH

13762

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second

Male

White

May 27th 1883

No 12 Jefferson St.

Mrs Arabella Greah

Miss Arabella Armstrong

Baltimore City

Mrs Edward Greah

Wharf Builder

Baltimore City

Mrs Rachel A. Tarnit

No 65 Burke St.

JUN 3 1883

RETURN OF A BIRTH

12763

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

199 Canton Ave

May 29 1883

Mary Peirs

Peirs

Baltimore

Michael Stockman

Laborer

Baltimore

Mrs Louise Peirs

236 Canton Ave

RETURN OF A BIRTH

63764

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
14
1883

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
May 29/83.
40 S. School St
Maggie Eekle
" " Leahy
Ireland
Adam Eekle
Clerk
Cumberland Md
H. V. Vinton
Sty W. Vinton

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13765

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *thirtieth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *May 29 1883*
4. Place of Birth, (Street and Number) *# 8 Cedar Alley*
5. Full Name of Mother, *Georgiana Rough*
6. Mother's Maiden Name, *Georgiana Washington*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *John W. Rough*
9. Father's Occupation, *Clergyman*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Ann Cornish*
Address, *34 Boyd St.*
Remarks,

born, its or her physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13766

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1900, for the thirty preceding calendar years, whether still-born or not, the full name, nativity, and race of the parent, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

May 29. 83.
P. Truesdel str No 80.
Elizabeth Schubmacher
Hamm
Balt.
Harold Schubmacher
Laborer
Balt.
Wm F. Brumby
P. Truesdel str 14

RETURN OF A BIRTH

13767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUN
6
1903

Name: *Caroline Fitzgerald*

No. of Child of Mother, (state whether 1st, 2d, 3d, 4th)

Second (2d)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 29th, 1883

4. Place of Birth, (Street and Number)

No. 709 N. Broadway

5. Full Name of Mother,

Mrs. Margaret M. Fitzgerald

6. Mother's Maiden Name,

Mrs. Margaret M. Ricketts

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Capt. George Fitzgerald

Father's Occupation,

Sea Captain

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Cleudinen, M.D.

Address,

No. 102 N. Broadway

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH, 13768

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth May 29, 1893

4. Place of Birth, (Street and Number) 48 Sturtevant St.

5. Full Name of Mother Mary Sidman

6. Mother's Maiden Name Evans

7. Mother's Birthplace Germany

8. Full Name of Father Louis Sidman

9. Father's Occupation Engineer

10. Father's Birthplace Balti. Co. Md.

Name of Medical Attendant, or other Person who makes this return. A. G. Pratt, M.D.

Address 204 N. Lombard St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 13769

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 29 May 1883

4. Place of Birth, (Street and Number) 46 Woodview St

5. Full Name of Mother, Julia A McKeon

6. Mother's Maiden Name, Murphy

7. Mother's Birthplace, Armaught Co Ireland

8. Full Name of Father, Daniel McKeon

9. Father's Occupation, Blacksmith

● Father's Birthplace, Canada

Name of Medical Attendant, or other Person who makes this Return Wm Mercer M.D.

Address, Snicker & Garrison St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

63770

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Mother (state whether 1st, 2d, 3d, &c) 3.
Whether Male or Female Male
(if not of the white race) White
M May 29th
h (Street and Number) *2 Federal St
Mother Lorna Gallender
Resident Name Lorna Martin
Place Baltimore City
Father Wm E Gallender
Occupation Varnisher.
Place Baltimore City
Medical Attendant, or other Person who makes this Return. Mrs Mary Martin
195 Forrest St
Healthy..

RETURN OF A BIRTH

63771

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Jewish

3. Date of Birth,

29 May 1883

4. Place of Birth, (Street and Number)

415 9 Little Eldery St.

5. Full Name of Mother,

Emeline Levy

6. Mother's Maiden Name,

" Miller

7. Mother's Birthplace,

New York

8. Full Name of Father,

Jacob Levy

9. Father's Occupation,

Restaurant

● Father's Birthplace,

Hamburg Europe

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Rosa W. Miller

Address,

48 76 1/2 Church St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 11 child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Friday 29 May 1890*
4. Place of Birth, (Street and Number) *Baltimore City 397 Holt St.*
5. Full Name of Mother, *Mary Smith*
6. Mother's Maiden Name, *Mary Mattman*
7. Mother's Birthplace, *Hampden County Baltimore*
8. Full Name of Father, *John Anthony Smith*
9. Father's Occupation, *Lightning Rod Business Broker*
10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

397 Holt St
Insulin. Sander. 1890

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63773

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *30 May 1885*
4. Place of Birth, (Street and Number) *108 Nord Chester str. No 405*
5. Full Name of Mother, *Maria Bigler*
6. Mother's Maiden Name, *Rickelsberg*
7. Mother's Birthplace, *Gemein*
8. Full Name of Father, *-*
9. Father's Occupation, *-*
10. Father's Birthplace, *-*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Wärmel Midwife*
- Address, *Suraloga str. No 228.*
- Remarks, *-*

GIVEN NAME ADDED 7-9-55 63774

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Katharine Haul Rusk

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

*Fifth,
Female,*

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 30. 1883

4. Place of Birth, (Street and Number)

392 E. Balt. St. cor Washington.

5. Full Name of Mother,

Mary E. Rusk

6. Mother's Maiden Name,

" " Wisley

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Geo. Glenville Rusk

9. Father's Occupation,

Physician

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

G. G. Rusk M.D.

Address,

392 E. Balt. St. cor Washington.

Remarks,

Natural

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

13775
JUN 1 1893
50
male
white
30 May
St. Scott N. 189
Barbara Hegler
Barbara H. H.
Baltimore
Frederic Hegler
Habitual
Gellershausen (Germania)
Birth Missing
+ Surrogate

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 30th*

4. Place of Birth, (Street and Number) *No. 118 S. Central ave*

5. Full Name of Mother, *Florence Landrum*

6. Mother's Maiden Name, *" " Rutledge*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Chas. E. Landrum*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 70 Granby St
Saphie Siemos*

Remarks, *Siemos*

In cases the birth of any child shall occur without the attendance of a physician, midwife, or other person duly qualified, the parents or guardian of such child in respect to the birth to the Board of Health, in the manner, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

63777

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
31
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, May 30, 1883

Place of Birth, (Street and Number) 49 Johnson St. Balt. Md.

Full Name of Mother, Martha M. Cann

Mother's Maiden Name, Martha Morrison

Mother's Birthplace, Delmar

Full Name of Father, George M. Cann

Father's Occupation, Fisherman

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Paul

Address, 107 Johnson St. Balt. Md.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

12778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. May 30th 1883.

MAY 31 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 30th 1883

4. Place of Birth, (Street and Number) 22 Canton Ave.

5. Full Name of Mother, Louisa Schneider

6. Mother's Maiden Name, Louisa Adams

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schneider

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, 137 South Wolfe St.

Remarks, CH

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63779

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

30 May

4. Place of Birth, (Street and Number)

199 E. Pratt street

5. Full Name of Mother,

Mary Gragor

6. Mother's Maiden Name,

Mingan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Gragor

9. Father's Occupation,

Tavern

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

One child

Male

Colored Race

May 30 1883

174 Wells St

Sarah Kather Madeline

Eastern Shore

Lucindia Woolford

130 S. Beaufort St

RETURN OF A BIRTH 13781

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAY
30
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 30th 1883

4. Place of Birth, (Street and Number) 71 Burgundy Alley

5. Full Name of Mother, Cary Peembrook

6. Mother's Maiden Name,

7. Mother's Birthplace, 71 Burgundy Alley Baltimore City

8. Full Name of Father, Epiphany Peembrook

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

of the person, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 63752

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

May 30 1883

229 S. Bond St

Johanna Quaster

Janet Ke

Germany

Henry Quaster

Pianomaker

Germany

Wm. G. G. G. G.

236 Canton St

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH.

63783

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *May 30th, 5+15 pm.*

4. Place of Birth (Street and Number) *46 Gore St. Baltimore*

5. Full Name of Mother *Adelaide Brewster*

6. Mother's Maiden Name *Miller*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Richard Brewster*

9. Father's Occupation *Plum Gen*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *N. G. Keule MD.*

Address *248 N. Carey St. City.*

Remarks

RETURN OF A BIRTH

63784

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Female

JUN 6

Race or Color, (if not of the white race)

Colored

Date of Birth,

May 20th 1882

Place of Birth, (Street and Number)

N. W. Hull Lane

Full Name of Mother,

Sarah Thomas

Mother's Maiden Name,

Sarah Johnson

Mother's Birthplace,

Balto Md

Full Name of Father,

George Thomas

Father's Occupation,

Laborer

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Harriet Jackson

Address,

415. Barclay St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

62785

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20 1883
4. Place of Birth (Street and Number)	No 5 Forrest St Balto Md
5. Full Name of Mother	Rale Nitgal
6. Mother's Maiden Name	Rale Nitgal
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James M Nitgal
9. Father's Occupation	Shoe Couter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Caroline Miller
Address	No 5 Walker St Balto Md
Remarks	

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13786

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *May 30.*
4. Place of Birth (Street and Number) *Baltimore Dewberry ally No 38*
5. Full Name of Mother *Rosie Branch*
6. Mother's Maiden Name *Rosie Lester*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Rudolph Branch*
9. Father's Occupation *Cigar Maker*
10. Father's Birthplace *German*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs M. Shaffer*
- Address *114 Ridgely St*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 30th 1883.

4. Place of Birth, (Street and Number)

Forsters ave No 84 63

5. Full Name of Mother,

Elizabeth E. Gott

6. Mother's Maiden Name,

Elizabeth E. Taylor.

7. Mother's Birthplace,

Anne Arundel Co. Md.

8. Full Name of Father,

Solomon Cornish

9. Father's Occupation,

Labor

10. Father's Birthplace,

St Marys Co.

Name of Medical Attendant, or other Person who makes this Return

Nelia Banks.

Address,

No 87 Canal Alley.

Remarks,

of the parent, and the maiden name of the mother of such child or children."

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

13788

41/

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth May 20 1883
4. Place of Birth, (Street and Number) 46 Ann Street
5. Full Name of Mother Louise K. Brown
6. Mother's Maiden Name Louise Kometzsky
7. Mother's Birthplace Baltimore city
8. Full Name of Father James A. Brown
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore city
- Name of Medical Attendant, or other Person who makes this Return. Mary Corner 153
- Address Ballington Avenue
- Remarks

RETURN OF A BIRTH

63787

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *30 November 1891*

4. Place of Birth, (Street and Number) *1230 Ave*

5. Full Name of Mother, *Anna Heinrichs*

6. Mother's Maiden Name, *Anna Heinrichs*

7. Mother's Birthplace, *Unterzofingen Wurtemberg*

8. Full Name of Father, *Georg S. Baum*

9. Father's Occupation, *Caplan*

10. Father's Birthplace, *Munich Bayern*

Name of Medical Attendant, or other Person who makes this Return *Anna Haller*

Address, *239 E. Center St*

Remarks,

million, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth May 30th 1883
4. Place of Birth, (Street and Number) St. 12 Hull St
5. Full Name of Mother Jessie ~~Stark~~ Cornwall
6. Mother's Maiden Name Jessie Schreck
7. Mother's Birthplace Maryland
8. Full Name of Father Loren Wilber Cornwall
9. Father's Occupation Spherer
10. Father's Birthplace New York State
- Name of Medical Attendant, or other Person who makes this Return. Miss Sarah Cornwall midwife
- Address St 317 Fort Avenue
- Remarks mother and child doing very well

RETURN OF A BIRTH

63791

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Emma Hughes Lewis
Female
Cecil



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Born May 11 30 = 18 53
Baltimore 198 Russell St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Lulu Hughes
Wife of Peter

6. Mother's Maiden Name,

7. Mother's Birthplace,

Petersburg William Hughes
Drymon
Baltimore

8. Full Name of Father,

Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Emma Johnson
Alum Alley 53

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63792

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1893

of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 30 of May
4. Place of Birth, (Street and Number) Baltimore Durham St No 204
5. Full Name of Mother, Jane Elizabeth Scranish
6. Mother's Maiden Name, Jane Elizabeth Cooper
7. Mother's Birthplace, Talbert Co
8. Full Name of Father, Thornton Scranish
9. Father's Occupation, Stevedor
10. Father's Birthplace, State of Virginia port roll
- Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Knowles
- Address, 130 S Caroline St.
- Remarks,

RETURN OF A BIRTH

63793

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
14
1893

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

2. Sex, (state whether male or female) ..

Male

3. Race or Color, (if not of the white race) ..

White

4. Date of Birth, ..

Aug 30th

5. Place of Birth, (Street and Number) ..

No 304th & Henry St

6. Full Name of Mother, ..

Abigail Crause

7. Mother's Maiden Name, ..

Abigail Copeland

8. Mother's Birthplace, ..

Baltimore

9. Full Name of Father, ..

Joseph Crause

10. Father's Occupation, ..

Carpenter

11. Father's Birthplace, ..

Germany

Name of Medical Attendant, ..

or other Person who makes this Return

E. J. J. J.

Address, ..

No 827 1/2 Lombard St

Remarks, ..

RETURN OF A BIRTH,

63794

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth dec 12 6 1/2 ~~port avenue~~ city may 31 1883
4. Place of Birth, (Street and Number) dec 126 port avenue
5. Full Name of Mother Mary Francis Shepley
6. Mother's Maiden Name Mary Francis Wafters
7. Mother's Birthplace Maryland
8. Full Name of Father Fletcher Jacob Shapley
9. Father's Occupation Sabiney
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Corral mid wife
- Address dec 317 port avenue
- Remarks mother and child seemingly well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13795

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

may 31

4. Place of Birth, (Street and Number)

no 10 Health Alley

5. Full Name of Mother,

virginia Boardley

6. Mother's Maiden Name,

virginia downs

7. Mother's Birthplace,

northumberland county

8. Full Name of Father,

John Boardley

9. Father's Occupation,

labourer

10. Father's Birthplace,

colbert county, md

Name of Medical Attendant, or other Person who makes this return

Mrs Lydia Porter

Address.

no 4 patis co avenue

Remarks,

healthy child

RETURN OF A BIRTH

13796

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 31 1883

4. Place of Birth, (Street and Number) Balto. Bond St No 272

5. Full Name of Mother, Anna Gregor

6. Mother's Maiden Name, Anna Popellva

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos. Gregor

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Keapish

Address, 69 N. Washington St

Remarks, Mary Keapish

certificates between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the case of the birth of illegitimate children, and in such cases the parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Blk

3. Date of Birth,

May 31, 1883.

4. Place of Birth, (Street and Number)

11 Lambert St.

5. Full Name of Mother,

Fannie Kellum,

6. Mother's Maiden Name,

Gallie,

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Legi Kellum,

9. Father's Occupation,

Seaman,

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

J. L. Doyle M.D.

Address,

247 Lonsdale

Remarks,

One of twins, the other having already been reported as still birth. Both are legitimate.

twins & only one placenta

Register, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13798

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *12 children*
1. Sex (~~state whether male or female~~)
2. Race or Color (if not of the white race)
3. Date of Birth *May 31st*
4. Place of Birth (Street and Number) *22 S. Schiolder St.*
5. Full Name of Mother *Mary A. Thompson*
6. Mother's Maiden Name *Mary A. Schiolder*
7. Mother's Birthplace *Balt. Md.*
8. Full Name of Father *John A. Thompson*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. H. K. Kneapp*
- Address *504 W. Fayette St.*
- Remarks

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13799

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 31 / 83

4. Place of Birth, (Street and Number)

200 N. Fulton Ave

5. Full Name of Mother,

Hannie H Potter

6. Mother's Maiden Name,

" " Bowerman

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Thomas L. Potter

9. Father's Occupation,

clerk

Father's Birthplace,

Balto -

Name of Medical Attendant, or other Person who makes this Return

Thomas O'pin

Address,

39 N. Clay

Remarks,

RETURN OF A BIRTH,

6380a

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

May 31st - 1883

4. Place of Birth, (Street and Number)

1627 S. Calvert St.

5. Full Name of Mother

Josephine Coleman Hollingsworth

6. Mother's Maiden Name

Josephine Harris Coleman

7. Mother's Birthplace

Virginia

8. Full Name of Father

Richard J. Hollingsworth

9. Father's Occupation

Merchant

10. Father's Birthplace

Carroll Co. - Md.

Name of Medical Attendant, or other Person who makes this Return.

H. P. Wilson, Jr. M.D.

Address

#146 Park Ave.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63801

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male Child

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 31 5

4. Place of Birth, (Street and Number)

Baltimore City 1321 Madison

5. Full Name of Mother,

Catharine Ferguson

6. Mother's Maiden Name,

Catharine Taylor

7. Mother's Birthplace,

Washington Co. Md.

8. Full Name of Father,

Jacobus Ferguson

9. Father's Occupation,

Laber

Father's Birthplace,

Baltimore City Md.

Name of Medical Attendant,

or other Person who makes this Return

Elizabeth Smith

Address,

147 St. George St.

Remarks,

with, to be used only for the purpose of obtaining, with the aid of the Registrar, the full name, name, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 13802

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 6*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *The 31 of July*
4. Place of Birth, (Street and Number) *S. E. Cor. Valley & Biddle*
5. Full Name of Mother. *Emilie Price*
6. Mother's Maiden Name, *Emilie German*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Emmanuel German*
9. Father's Occupation, *Serviceman*
- Father's Birthplace, *Baltimore County*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Christina Lauer*
- Address, *173 Hartford, Md.*
- Remarks, *173 Hartford, Md.*

certificate, as soon as the first day of such, and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall neglect or refuse to comply with the provisions of this act, shall be subject to a fine of ten dollars, and its income, to be recovered as other taxes and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

May 31st 1883.
362 Lexington St.
Emma A Taylor
Emma A. Crockett.
Baltimore City.
William H. Taylor
Carpenter
Baltimore City.
Chas. A. May, M.D.
273 Lexington St.

RETURN OF A BIRTH

63504

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

5/31/83

4. Place of Birth, (Street and Number)

161 N. Lombard St.

5. Full Name of Mother,

Caroline Cook

6. Mother's Maiden Name,

C

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

—

Name of Medical Attendant, or other Person who makes this Return

H. P. McIntosh

Address,

161 N. Lombard St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

27

RETURN OF A BIRTH *63808*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 31st

4. Place of Birth, (Street and Number)

St. Vincent's Infant Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Ann Brown

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sister of Charity

Address,

Remarks,

RETURN OF A BIRTH

63806

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3?

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 31

4. Place of Birth, (Street and Number)

Division near Mosher

5. Full Name of Mother,

Belle Haines

6. Mother's Maiden Name,

Buck

7. Mother's Birthplace,

Bull's Co.

8. Full Name of Father,

B. J. Haines

9. Father's Occupation,

Clerk

Father's Birthplace,

Phil

Name of Medical Attendant,

or other Person who makes this Return

H. M. Wilson

Address,

257 Nat. Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63807

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Baltimore City
1. Sex (state whether ~~Male~~ or Female) _____
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 31 1883
4. Place of Birth (Street and Number) Now member on the house in Diggs St.
5. Full Name of Mother Mrs Emelia Jones
6. Mother's Maiden Name Emelia Sacken
7. Mother's Birthplace Chambers Gas Chester County Md
8. Full Name of Father Lewis Webb Jones
9. Father's Occupation A. Labor
10. Father's Birthplace Chambers Gas Chester County Md
- Name of Medical Attendant, or other Person who makes this Return. Dr. C. C. M. D.
- Address No 36 Davis St
- Remarks non
Baltimore City

Thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

73508

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 24 1893

4. Place of Birth (Street and Number) 113. Hamburg St

5. Full Name of Mother M. Annie Lacey

6. Mother's Maiden Name Annie C. Lee

7. Mother's Birthplace Baltimore

8. Full Name of Father - Labore John Lacey

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary R. Lusk

Address 1341. Hamburg St

Remarks Living Well

RETURN OF A BIRTH

63509

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored* *Miscarriage but yet living 3 days*
3. Date of Birth, *31 May*
4. Place of Birth, (Street and Number) *168 York St*
5. Full Name of Mother, *Eliza Banks*
6. Mother's Maiden Name, *Eliza Talbot*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *William Banks*
9. Father's Occupation, *Wagon Driver*
10. Father's Birthplace, *Cambridge Md.*
- Name of Medical Attendant, or other Person who makes this Return *Wm. H. Gross*
- Address, *12 42 Plum Alley*
- Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63870

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
2
1883

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

May 31st 1883

4. Place of Birth, (Street and Number)

No 242 S. Durham st.

5. Full Name of Mother,

Barbara Engelhardt

6. Mother's Maiden Name,

" Yaeger

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Engelhardt

9. Father's Occupation,

Laborer

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth B. B.

Address,

128 Bank st.

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

35

RETURN OF A BIRTH

73811

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 31 dno 1883
4. Place of Birth, (Street and Number) No 12 The Valley Born St
5. Full Name of Mother, Annie Sparsman
6. Mother's Maiden Name, ~~~~~
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, ~~~~~
9. Father's Occupation, ~~~~~
10. Father's Birthplace, ~~~~~

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Leas Walker

No 157 Downin Alley

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex (state whether Male or Female) *Female*

Race or Color (if not of the white race) *White*

Date of Birth *June 1st 1883*

Place of Birth (Street and Number) *Pennsylvania Ave off George St Hotel*

Full Name of Mother *Lucinda Browne*

Mother's Maiden Name *Lucinda Stansbury*

Mother's Birthplace *Carroll County Md*

Full Name of Father *Leslie B Browne*

Father's Occupation *Hotel Keeper*

10. Father's Birthplace *Carroll County*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Hammond M.D.*

Address *64 W. Pease St. Balto.*

Remarks *Natural Lib.*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their place of birth, the full name, nativity, and residence of the parents, and of the child.



born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63813

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
17
1899

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 1st

4. Place of Birth, (Street and Number) 118 8 Madison St

5. Full Name of Mother, Maria Graceli

6. Mother's Maiden Name, Maria Myer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Graceli

9. Father's Occupation, Shipmaster

10. Father's Birthplace, Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs E L Sumner

Address,

118 827 Lombard St

Remarks,

NOTICE

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were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

35

RETURN OF A BIRTH

3811

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 31 dno 1883

4. Place of Birth, (Street and Number)

No 12. The Valley Born St.

5. Full Name of Mother,

Annie Sperrmann

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Leas Walker

Address,

No 157 Quinn Alley

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their parents, and of the parents, and residence of the child or children.

Accorded

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex (state whether Male or Female) *Female*

Race or Color (if not of the white race) *White*

Date of Birth *June 1st 1883*

Place of Birth (Street and Number) *Pennsylvania Ave off George St Hotel*

Full Name of Mother *Lucinda Brown*

Mother's Maiden Name *Lucinda Stansbury*

Mother's Birthplace *Carroll County Md*

Full Name of Father *Lucas B Brown*

Father's Occupation *Hotel Keeper*

10. Father's Birthplace *Carroll County*

Name of Medical Attendant, or other Person who makes this Return. *M. Hammond M.D.*

Address *64 N. Paca St. Balto*

Remarks *Natural labor*



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63513

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 1st
4. Place of Birth, (Street and Number) 8 Madison St
5. Full Name of Mother, Mari Gradi
6. Mother's Maiden Name, Mari Myer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Gradi
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs E Dunst
- Address, 827 Lombard St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

13814

JUN
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Birth
Female
Colored
June 1 1883
30 Boyd St.
Mary Ackwood
Mary Smith
North Carolina
Mrs. Ackwood
Driver of a wagon
North Carolina
Ann Cornish
34 Boyd St.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Print, in or family physician's consultation, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13815

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Dark complexion*
3. Date of Birth, *June 14, 1883*
4. Place of Birth, (Street and Number) *No. 1, Pierce*
5. Full Name of Mother, *Lottie Walby*
6. Mother's Maiden Name, *" Mines*
7. Mother's Birthplace, *Hartford Co., Md*
8. Full Name of Father, *Henry Walby*
9. Father's Occupation, *Jobber*
- Father's Birthplace, *West Indies*
- Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*
- Address, *4 Hamilton St*
- Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

63816

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother (state whether 1st, 2d, 3d, &c.)

Whether Male or Female

or (if not of the white race)

Birth

Place (Street and Number)

of Mother

Maiden Name

Birthplace

of Father

Occupation

Birthplace

Medical Attendant, or other Person who
made this Return.

Address

1st

maie

Colde

1 June

Coroline St 131

Henrietta Brooks

Henrietta Boddy

Baltimore

James Boddy

Miller

Baltimore

Amoy drunken North

St 122

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st

Female

White

June 1st

No. 48 Central ave

Elizabeth Albert

" " Blum

Germany

Sabbath School

Labor work

Germany

Sabbath School

German

No. 70 Greenly St

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be present at the birth of a child, the person so present shall be subject to a fine of ten dollars, and shall be liable to prosecution therefor. It shall be the duty of the parent or person in charge of the child, to cause the birth of the child to be registered within the period allowed by law, except in the case of stillborn children, and in the case of illegitimate children, and in the case of children born to persons who are recovering from insanity.

RETURN OF A BIRTH

63818

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *1 June*

4. Place of Birth, (Street and Number) *214 E. Eager street*

5. Full Name of Mother, *Veronica Huber*

6. Mother's Maiden Name, *L. Hoffmann*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Peter G. Huber*

9. Father's Occupation, *Captain*

Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Anna Walter*

Address, *237 E. Eager street midwife*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63819

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female).....

girl

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 1st 1893

4. Place of Birth, (Street and Number)

353 Pine St

5. Full Name of Mother,

Lammie Short Short

6. Mother's Maiden Name,

Lammie Freddie

7. Mother's Birthplace,

Barrett Co Md

8. Full Name of Father,

James Short

9. Father's Occupation,

Labor

10. Father's Birthplace,

Charles W. Md

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Power

Address,

110 Carlton St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should either person be in attendance upon the mother, immediately thereafter it shall then become the duty of the physician, or practitioner of midwifery, or of the person in attendance upon the mother, to file a true and correct copy of this certificate, in duplicate, with the Registrar of Vital Statistics, within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

June 1st.

4. Place of Birth, (Street and Number)

No. 26. Essex St.

5. Full Name of Mother,

Barbra Bochnlein.

6. Mother's Maiden Name,

Barbra Kimmel.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Bochnlein.

9. Father's Occupation,

Teamster.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Sarah. P. Harrington.

Address,

No. 387 Eastern A. St.

Remarks,

RETURN OF A BIRTH

63821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

June 11/83.

4. Place of Birth, (Street and Number)

1088 Register St

5. Full Name of Mother.

6. Mother's Maiden Name.

Annie Woolford

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Lucindia Woolford

Address,

130 Register St

Remarks,

JUN
2
1883

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63822

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth June 29, 1901
4. Place of Birth (Street and Number) Baltimore Bickets court No 6
5. Full Name of Mother Martha A Smith
6. Mother's Maiden Name Martha A Wright
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Edward P Smith
9. Father's Occupation Dryster shucker
10. Father's Birthplace E shore near hill
Name of Medical Attendant, or other Person who makes this Return. Areminty Wilson
Address 214 Hughes St Baltimore
Remarks light and chubby

In case the birth of any child shall occur without the attendance of a physician, or of a qualified midwife, or of a nurse, the parent or parents of such child, or any person, shall be liable to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the court, in case the parent or parents of such child, or any person, shall be found guilty of neglecting to comply with the provisions of this act, or of failing to report the birth of such child to the Board of Health, in the manner and within the period above required, except in the cases of illegitimate children, and in such cases the parent or parents of such child, or any person, shall be liable to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the court, in case the parent or parents of such child, or any person, shall be found guilty of neglecting to comply with the provisions of this act, or of failing to report the birth of such child to the Board of Health, in the manner and within the period above required.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 1st 1887

4. Place of Birth, (Street and Number)

No. 372 Centre st.

5. Full Name of Mother,

Mary McKeeldon

6. Mother's Maiden Name,

Scott

7. Mother's Birthplace,

America

8. Full Name of Father,

William McKeeldon

9. Father's Occupation,

Glassblower

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwabacher midwife

Address,

330 Hanover st.

Remarks,

RETURN OF A BIRTH

13824

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
12
1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

1 June

4. Place of Birth, (Street and Number)

1132 E. Eden st.

5. Full Name of Mother,

Mattie Feichter

6. Mother's Maiden Name,

Sarkin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Feichter

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

13825

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 1st, 1883

4. Place of Birth, (Street and Number)

Baltimore Arlington Av. 1st

5. Full Name of Mother,

Shannorah M^{rs}. Ganey

6. Mother's Maiden Name,

" Flarety

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick M^{rs}. Ganey

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

W^c. 3-8 Parker St

Remarks,

Thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

1386

JUN 8 1893

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 1
4. Place of Birth, (Street and Number) 127 Bloch
5. Full Name of Mother Amelia Gephart
6. Mother's Maiden Name Amelia Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father John Gephart
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary or father
- Address 141 Bank
- Remarks The roof of the child is split

Birth, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12th 1888

4. Place of Birth, (Street and Number) Hoffman St. 13 house from Washington

5. Full Name of Mother, Martha McLeanahan

6. Mother's Maiden Name, Moore

7. Mother's Birthplace, Balto.

8. Full Name of Father, R. Craig McLeanahan

9. Father's Occupation, Book Binder

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A. Bull

Address, No. 183 S.E. cor. Central and Monument St.

Remarks, All Well

RETURN OF A BIRTH

6328

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 1st 1883

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Kate Plate

6. Mother's Maiden Name, Kate Mulhenny

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Plate

9. Father's Occupation, Box Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. A. Muscogel

Address,

315 Anna Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

June 1st 1883

4. Place of Birth, (Street and Number)

115 Hampstead St

5. Full Name of Mother.

Minna Tucker

6. Mother's Maiden Name,

" Scott

7. Mother's Birthplace,

John Tucker

8. Full Name of Father.

9. Father's Occupation,

Produce Dealer

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Bell
100 Bank St

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6353a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
5
1923

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 2, 1923*

4. Place of Birth, (Street and Number) *Holladay St. 1925*

5. Full Name of Mother, *Madeline Murphy*

6. Mother's Maiden Name, *Madeline Murphy*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *{ }*

9. Father's Occupation, *{ }*

10. Father's Birthplace, *{ }*

Name of Medical Attendant, *or other Person who makes this Return* *May E. Miller*

Address, *11 Dallas St. 1926*

Remarks,

"State, the date of their physical examination, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

138311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 birth

1. Sex, (state whether male or female)

boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2 June

4. Place of Birth, (Street and Number).

Orleans Street 302

5. Full Name of Mother.

Sophie Held

6. Mother's Maiden Name,

" " Maltanb

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Friedrich Held

9. Father's Occupation,

Barber

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mauser

Address,

Remarks,

Lombard Street 2328

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13832

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JTN

1913

of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d 83.

Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 2d 83

4. Place of Birth, (Street and Number)

173 E. Eager St

5. Full Name of Mother,

Lizzie Pull

6. Mother's Maiden Name,

" Blum

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Cecilia Pull

9. Father's Occupation,

Engineer

Father's Birthplace,

Balls Blount M. D

Name of Medical Attendant, or other Person who makes this Return

C. H. Jones M. D

Address,

S. W. Co. Post & Street

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

RETURN OF A BIRTH.

63833

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 2nd 1883
4. Place of Birth (Street and Number) 211 Lombard St
5. Full Name of Mother Mary E. Joyner
6. Mother's Maiden Name Livingston
7. Mother's Birthplace Balt. City
8. Full Name of Father David J. Joyner
9. Father's Occupation Capt of Eng
10. Father's Birthplace Washington
- Name of Medical Attendant, or other Person who makes this Return. E. B. Brittan M.D.
- Address 371 Broadway
- Remarks

RETURN OF A BIRTH

13834

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

June 2 - 1883

38 S. Spring St.

Mary Butler

Mc Williams

Baltimore Md

Edward Butler

Clerk

Baltimore Md

Mary Shinn

151 y. Pratt St

RETURN OF A BIRTH

138301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 24

4. Place of Birth, (Street and Number)

333 Linden Ave.

5. Full Name of Mother,

Mary Miller

6. Mother's Maiden Name,

Mary Kirkbride

7. Mother's Birthplace,

Wisconsin

8. Full Name of Father,

Daniel Miller

9. Father's Occupation,

Merchant

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Henry J. Smith

Address,

No. 2 Cathedral St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63836

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 1st

4. Place of Birth, (Street and Number)

112 N. Poppleton St

5. Full Name of Mother,

Mrs. Genesha Morris

6. Mother's Maiden Name,

Kremer

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Geo. W. Morris

9. Father's Occupation,

Huckster

10. Father's Birthplace,

Ind

Name of Medical Attendant,

or other Person who makes this Return

H. F. Hill Ind
443 Franklin St

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

2 June 1883

4. Place of Birth, (Street and Number)

376 East Avenue

5. Full Name of Mother,

Sarah C. Cole

6. Mother's Maiden Name,

Sarah C. Lapp

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

C. Wallace Cole

9. Father's Occupation,

Bargeman

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

R. Wiley

Address,

Remarks,

In case the birth of any child shall occur without the attendance of a physician, the parent or parents of such child to report to the Board of Health, in the case of the birth of a child, except in the case of the birth of a child, to comply with the provisions of the act, and to be recorded as other than and possibly as are recoverable.

RETURN OF A BIRTH *63828*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

Sex, (state whether ~~male~~ or female)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, *June 24 1883*

4. Place of Birth, (Street and Number) *15-5-8, Charles St-*

5. Full Name of Mother, *Bertha Heer*

6. Mother's Maiden Name, *Bertha Schermann*

7. Mother's Birthplace, *Balt-city Ind*

8. Full Name of Father, *William Heer*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Balt-mo*

Name of Medical Attendant, or other Person who makes this Return

Address, *162 S Charles*

J W Correll Md

Remarks,

of the parents, and the maiden name of the mother of such child or children."

13539

1121

242

27. 11

健胃

June 29 93

201 North Bond. St

Images Hilbranstern

Isabel Heikman

Recher

Michael Helfmanstein

Cigar maker

79.115

or other Person who
makes this Return

or other Person who
makes this Return.

Medical Attendant, or other Person who makes this Return *1090*
1928 *Government* *28*

Remarks,

CITY PRINTERS AND STATIONERS.

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period therein required, except in the cases of still-births and deaths immediately after birth, and any person failing to do so shall be liable for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 29, 1893.

4. Place of Birth, (Street and Number) 67 Thiller street.

5. Full Name of Mother, Mary Mueller

6. Mother's Maiden Name, Mary Brown

7. Mother's Birthplace, Balta

8. Full Name of Father, Albert Mueller

9. Father's Occupation, Street Turner

10. Father's Birthplace, Germany

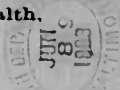
Name of Medical Attendant, or other person who makes this Return Wm. Heilegerst

Address, 182 E Monument st

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, June 2nd 1883
 Place of Birth, (Street and Number) Baltimore Columbia Ave 250
 Full Name of Mother, Hattie Benthorn
 Mother's Maiden Name, Bullock
 Mother's Birthplace, Baltimore
 Full Name of Father, George Benthorn
 Father's Occupation, Machinist
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell
 Address, No. 38 Parkin St.
 Remarks,

RETURN OF A BIRTH

63842

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN 8 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

June 2nd 1883

Place of Birth, (Street and Number)

Baltimore Pratt St. No. 610

Full Name of Mother,

Amanda Robertson

Mother's Maiden Name,

Freeman

Mother's Birthplace,

Baltimore

Full Name of Father,

William Robertson

Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. G. Mitchell

Address,

No. 38 Park St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13843

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 2, 1883

4. Place of Birth, (Street and Number)

216 Columbia St.

5. Full Name of Mother.

Barnes D. Melstager

6. Mother's Maiden Name.

Barnes D. Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Geo Melstager

9. Father's Occupation,

Merchant

Father's Birthplace:

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Geo H. Hiltner

Address,

1216 Columbia St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63844

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 21st 2nd of June

4. Place of Birth, (Street and Number) 70 Dolphin St.

5. Full Name of Mother, Ann Rollon

6. Mother's Maiden Name, Wells

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Rollon

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address. 369 Cathedral St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 31 1883

4. Place of Birth, (Street and Number) 109 Parkward St

5. Full Name of Mother, Mary Grob

6. Mother's Maiden Name, Mary Dorsey

7. Mother's Birthplace, Charles County

8. Full Name of Father, James Grob

9. Father's Occupation, Wailer

10. Father's Birthplace, Charles County

Name of Medical Attendant, or other Person who makes this Return Marian Mason

Address, 37 Walnut alley

Remarks, Sound and healthy

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. June 3rd 1883.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 3rd 1883.

4. Place of Birth, (Street and Number) Balair Road.

5. Full Name of Mother, Lina Schaeffer.

6. Mother's Maiden Name, Lina Schwenner.

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Schaeffer.

9. Father's Occupation, Blacksmith.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amersbach.

Address, 181 South Wolfe St.

Remarks, H.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13847

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 3. 83.
4. Place of Birth (Street and Number) 211 Fulton Av.
5. Full Name of Mother Hattie M. Round
6. Mother's Maiden Name Case
7. Mother's Birthplace Boston, Mass.
8. Full Name of Father John Emory Round
9. Father's Occupation Teacher
10. Father's Birthplace West Springfield, Mass.
- Name of Medical Attendant, or other Person who makes this Return. John T. King, M.D.
- Address 215 Carrollton Av.
- Remarks

RETURN OF A BIRTH.

63828

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 1883

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 3rd 1883

4. Place of Birth (Street and Number) 214 Maryland ave

5. Full Name of Mother Leabel Erickson

6. Mother's Maiden Name " Bagnie

7. Mother's Birthplace La - New Orleans -

8. Full Name of Father Christian Erickson

9. Father's Occupation Broker

10. Father's Birthplace St Thomas

Name of Medical Attendant, or other Person who makes this Return.

Geo. B. Reynolds M.D.

Address

171 N. Calvert

Remarks

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

63849

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 8 1888

4. Place of Birth (Street and Number)

No 131 N. Bond St Balto Md

5. Full Name of Mother

Annie Schmidt

6. Mother's Maiden Name

Annie Michael

7. Mother's Birthplace

Germany

8. Full Name of Father

Christ Theo Schmidt

9. Father's Occupation

Baker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Caroline Miller

Address

No 57 Walker St near Bond

Remarks

Balto Md

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1380A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 the 8 child June 3) 1883*
1. Sex (state whether Male or Female) *Male and female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *the 3 of June 1883*
4. Place of Birth (Street and Number) *No 153 west st. Baltimore Md*
5. Full Name of Mother *Sarah Polson*
6. Mother's Maiden Name *Sarah White*
7. Mother's Birthplace *eastern shore Virginia*
8. Full Name of Father *John Polson*
9. Father's Occupation *Prod*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this return *Piana Camphor*
- Address *No 155 West st*
- Remarks *men a toll*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 3 & June

4. Place of Birth, (Street and Number)

18, 96, Somerset, St

5. Full Name of Mother.

Mrs. Xian

6. Mother's Maiden Name.

Mrs. D. Dragason

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Dragason

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

1633 Chestnut Lane

Remarks,

1st Born

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1255
63857

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3rd June . 1883

4. Place of Birth, (Street and Number)

*217. Caratoga St
Care. Evelyn Sinclair
Care. Evelyn Montgomery*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

*Essex Co. Va
Charles Henry Sinclair
Shoe maker
Baltimore. Md*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Mrs. Wm. C. (Midwife)
Caratoga St. Rk. 8.*

1385

of the parents, and the maiden name of the mother of such child or children."



June female

Collected June the 9 1889

From the 3

Mothers Knives and Cutlery Co

Anny Carroll

In my Chm.

Kothier Smith Janaco Md

Farther Fredrick Carroll

former Oaks Brick

Seethal Kuthy Sagarrao Co Ma

or other Person who
makes this Return

and, or other Person who makes this Return *Nelle Banks*
No 89 Camel alley Baltimore Ci

Remarks.

RETURN OF A BIRTH,

1384

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 3rd 83.

4. Place of Birth, (Street and Number) N. E. Corner Eager + Cathedral Sts

5. Full Name of Mother Annie Rogers Marsden

6. Mother's Maiden Name Annie Rogers

7. Mother's Birthplace Baltimore

8. Full Name of Father Francis P. Marsden

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Robt. J. Wilson. M.D.

Address 146 Park Ave

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13855

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) *Very Robt Bone on 3 ap. jaw*
3. Date of Birth, _____
4. Place of Birth, (Street and Number) *30 Stokess St*
5. Full Name of Mother, *second Robt's mas one my*
6. Mother's Maiden Name, *Leah Robt's Motu*
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return *you gone White's tend*
- Address, _____
- Remarks, _____

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13816

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 28 1893

4. Place of Birth, (Street and Number)

439 Light St

5. Full Name of Mother,

Sat. A. Ray

6. Mother's Maiden Name,

"

Bindell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Francis C. Rose

9. Father's Occupation,

Bulcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooper M.D.

Address,

Remarks,

RETURN OF A BIRTH 63807

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Birth Still-born

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3 Jan

4. Place of Birth, (Street and Number)

East Street No 17

5. Full Name of Mother,

Margie Treiber

6. Mother's Maiden Name,

" " Beecher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Christian Treiber

9. Father's Occupation,

Eisgrem. Salan.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Maurer

Address,

Remarks,

Lombard Street No 278

RETURN OF A BIRTH 6388

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

JUN
12
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

3rd June 1883

4. Place of Birth, (Street and Number)

74 West

5. Full Name of Mother,

Mary Chapman

6. Mother's Maiden Name,

Palmyer

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

James T. Chapman

9. Father's Occupation,

Com. merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

J. H. M. M. M.

Address,

57 W. 1st

Remarks,

RETURN OF A BIRTH

13889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

June 3rd 1883.

4. Place of Birth, (Street and Number)

No 361. E. Eager St.

5. Full Name of Mother.

Maggie Graeser

6. Mother's Maiden Name,

" Mack

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Graeser

9. Father's Occupation,

Barber

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Josephina Konrad

Address,

No 20 Barnes St.

Remarks,



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

7386A

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 3 June 1883
4. Place of Birth (Street and Number) 348 South Bond St
5. Full Name of Mother Josephine L Moran
6. Mother's Maiden Name Do do godhuse
7. Mother's Birthplace New York
8. Full Name of Father Thomas Moran
9. Father's Occupation Storekeeper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address Name of child Josephine Brigit Moran
- Remarks

Should any other person, be in at a marriage upon the mother, immediately thereafter, it shall then become the duty of the husband or parents of such child to report to the Registrar of Health, in the manner, and within the period above required, except in the cases of the births of illegitimate children, and of persons who shall hereafter fail to comply with the provisions of the law, and who shall be subject to a fine of ten dollars and imprisonment for not more than six months, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 3, 1883

4. Place of Birth, (Street and Number)

247 1/2 Baiterow av.

5. Full Name of Mother,

Margareth Schiller

6. Mother's Maiden Name,

Schaefer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Schiller

9. Father's Occupation,

Photograph

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

Schwartz midwife

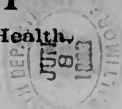
Address,

330 Hanover St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mo 3 of June

4. Place of Birth, (Street and Number)

No. 92, Somerset St,

5. Full Name of Mother,

Mage Beater

6. Mother's Maiden Name,

Mage Trachaser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Trachaser

9. Father's Occupation,

Bar tender

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs Cristina Lauer

Remarks,

113 Berfort, m.

1883

RETURN OF A BIRTH

15863

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUL 1 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2^d
1. Sex, (state whether male or female)... Female
2. Race or Color, (if not of the white race)... White
3. Date of Birth, June 3^d 1883
4. Place of Birth, (Street and Number) 90 1/2 Lee St
5. Full Name of Mother, Charlotte Walden
6. Mother's Maiden Name, Fischer
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Shepherd
9. Father's Occupation, Conductor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return.

Wm Lomcel, M.D.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

63864
JUN 1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex. (state whether male or female)

Male
White

2. Race or Color. (if not of the white race)

3. Date of Birth,

June 3rd 1883

4. Place of Birth, (Street and Number)

Baltimore S. Parka No. 238

5. Full Name of Mother,

Elizabeth Rogan

6. Mother's Maiden Name,

Fagelman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Rogan

9. Father's Occupation,

Subser

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 38 Parkin St.

Remarks,

Printed and Stationed

RETURN OF A BIRTH

13765

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN 18 1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

23 of June

1883

4. Place of Birth, (Street and Number)

462

W. Pratt St.

5. Full Name of Mother,

Priscilla

Heil

6. Mother's Maiden Name,

Heil

Saundersbach

7. Mother's Birthplace,

Bavaria

Germany

8. Full Name of Father,

Valentin

Heil

9. Father's Occupation,

Wine = Whore

10. Father's Birthplace,

Bavaria

Germany

Name of Medical Attendant, or other Person who makes this Return

Mr.

Shiller

Address,

1017

W.

Pratt

St.

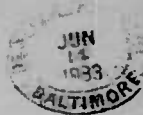
Remarks,

of children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 3^d 1893
4. Place of Birth (Street and Number) 275 W. Donough
5. Full Name of Mother Mary Wilkins
6. Mother's Maiden Name Fowler
7. Mother's Birthplace City
8. Full Name of Father Oliver Wilkins
9. Father's Occupation ~~Brass~~ Finisher Engineer
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. E. B. Jenkins, M.D.
- Address N. E. Cor. Eden & Biddle sts
- Remarks

RETURN OF A BIRTH

13867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

94-

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 3rd 1883

4. Place of Birth, (Street and Number)

362 E. Madison St.

5. Full Name of Mother,

Mary E. Rogers

6. Mother's Maiden Name,

" " McLean

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel R. Rogers

9. Father's Occupation,

Engineer

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this return

Wm. L. Russell

Address,

238 N. Broadway

Remarks,

of the parents, and the maiden name of the mother of such child or children."

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be present, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and to cause the birth to be registered, except in the cases of the birth, and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each and every offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 5th 1883

4. Place of Birth, (Street and Number) Adm. A. Hayette St.

5. Full Name of Mother, Jennie Giles

6. Mother's Maiden Name, Whitehead

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Giles

9. Father's Occupation, Bus. Balcon

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. J. J. S. S. S.

Address, No. 45 S. Monroe St.

Remarks,



RETURN OF A BIRTH

13569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Of the parent, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

3rd June 83

4. Place of Birth, (Street and Number)

150 Argyll St

5. Full Name of Mother,

Fanny Schell

6. Mother's Maiden Name,

Fanny Kimmis

7. Mother's Birthplace,

Med

8. Full Name of Father,

Samuel Schell

9. Father's Occupation,

Livery Stable Keeper

10. Father's Birthplace,

Med

Name of Medical Attendant,

or other Person who makes this Return

J. H. Allen M.D.

Address,

188 Franklin

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 3rd 1894*
4. Place of Birth, (Street and Number) *33 Parkin St*
5. Full Name of Mother, *Pauline Fleischer*
6. Mother's Maiden Name, *Pauline Litzke*
7. Mother's Birthplace, _____
8. Full Name of Father, *Frederick Fleischer*
9. Father's Occupation, *C. E. A. Co*
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return *Mrs Lebach*
- Address, *10 Pratt St*
- Remarks, _____



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars or such other penalty as may be provided by law.

RETURN OF A BIRTH.

13871

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

3d November 1881

4. Place of Birth (Street and Number)

June 4th

5. Full Name of Mother

Agnes

6. Mother's Maiden Name

Winters

7. Mother's Birthplace

Pa.

8. Full Name of Father

James H. Fowler

9. Father's Occupation

carster

10. Father's Birthplace

Pa.

Name of Medical Attendant, or other Person who makes this Return.

John A. Smith M.D.

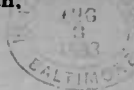
Address

Remarks

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 4th 1893

4. Place of Birth, (Street and Number)

233 Louis St

5. Full Name of Mother,

Allen Francis

6. Mother's Maiden Name,

Carson

7. Mother's Birthplace,

Carroll Co Md

8. Full Name of Father,

Richard Francis

9. Father's Occupation,

Rail Road Employee

10. Father's Birthplace,

Balto Co

Name of Medical Attendant, or other Person who makes this Return

Edgar D. Hunter M.D

Address,

36 Greenmount Ave

Remarks,

Learn, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65873

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

June 4th

5. Place of Birth, (Street and Number)

No 9 Armistead Saw
Catherine Thompson

6. Full Name of Mother,

" O'Toole

7. Mother's Maiden Name,

City

8. Full Name of Father,

Tom Thompson

9. Father's Occupation,

Fireman

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

J. Burch M.D.

Address,

151 St. Ann St

Remarks,

Of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

13874

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUL
30
1883
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

W

3. Date of Birth

June 4 1883

4. Place of Birth, (Street and Number)

1107 1/2 W Baltimore

5. Full Name of Mother

Hester Head

6. Mother's Maiden Name

Beckles

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Frank Head

9. Father's Occupation

Up Porter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J H Patterson M D

Address

23 Franklin St

Remarks

RETURN OF A BIRTH.

63875

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd
 1. Sex (state whether Male or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth June 4 1885
 4. Place of Birth (Street and Number) No 446 E Monument St Balto Md
 5. Full Name of Mother Mary Wagner
 6. Mother's Maiden Name Mary Richman
 7. Mother's Birthplace Baltimore Md
 8. Full Name of Father William Wagner
 9. Father's Occupation Cutter
 10. Father's Birthplace Baltimore Md
 Name of Medical Attendant, or other Person who makes this Return Mrs Caroline Miller
 Address No 5 Wallace St Balto Md
 Remarks

RETURN OF A BIRTH

1887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

2. Sex, (state whether male or female)

Male.

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

June 4th 83

5. Place of Birth, (Street and Number)

495 Leadenhall St.

6. Full Name of Mother,

Mary Herbert

7. Mother's Maiden Name,

Spaeth

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Jos. Herbert

10. Father's Occupation,

Cigar maker

11. Father's Birthplace,

Baranin

Name of Medical Attendant, or other Person who makes this Return

Mary Kosh

Address,

328 E. Baltimore

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

63877

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
6
1903

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 4th 1883

4. Place of Birth, (Street and Number)

73 Harlem Ave

5. Full Name of Mother,

Amelia Wilson

6. Mother's Maiden Name,

" Pa Zell

7. Mother's Birthplace,

Frederick, P. Wilson

8. Full Name of Father,

Electrician

9. Father's Occupation,

Pa

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Geo B. Septe

Address,

#1 Waverly Terrace

Remarks,

RETURN OF A BIRTH 13871

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
12
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 4 June

4. Place of Birth, (Street and Number) Corner Eden & Alexan. sts.

5. Full Name of Mother, Lizzie Dahahoder

6. Mother's Maiden Name, Conly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel Dahahoder

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard street.

Remarks,

Of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 4th 1883

4. Place of Birth, (Street and Number)

203 E. Pratt St

5. Full Name of Mother,

Catherine M^c Coy

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alexander M^c Coy

9. Father's Occupation,

Engineer

10. Father's Birthplace,

New York

Name of Medical Attendant,

R. W. Mansfield

Address,

117 S Broadway

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 1388a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 1883

4. Place of Birth, (Street and Number)

77 Hammond Ave.

5. Full Name of Mother,

Rosa Franklin

6. Mother's Maiden Name,

Thompson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ed. M. Franklin

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address: 286 N. Donagh St

Remarks,

the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN 8 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 4th 1883

4. Place of Birth, (Street and Number)

Baltimore Green St. N^o 67

5. Full Name of Mother,

Sarah. Herman

6. Mother's Maiden Name,

.. Eaton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John. Herman

9. Father's Occupation,

clerk.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

18th 5-8 Parkin St.

Remarks,

RETURN OF A BIRTH

73882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2^d
Male
White
June 4, 1883
438 N. E. St.
Amelia Staussberg
Amelia Hochheim
City
Charles Staussberg
Liquor Dealer
German
A. R. F. Woodman

RETURN OF A BIRTH,

13853

(over)

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Charles Edward Rush

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 4th 1883

4. Place of Birth, (Street and Number) Health st at 20

5. Full Name of Mother Kate Rush

6. Mother's Maiden Name Kate Lamar

7. Mother's Birthplace Baltimore

8. Full Name of Father Lewis Rush

9. Father's Occupation Bricklayer

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung

Address 18 Byrd St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *4 of June*

4. Place of Birth, (Street and Number) *199 Collington Ave.*

5. Full Name of Mother, *Johanne Hansen*

6. Mother's Maiden Name, *Kahn*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fred Hansen*

9. Father's Occupation, *Drier*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person be in attendance, the parent or parents shall be liable to a fine of not less than \$100, nor more than \$500, for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

13881

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 4, 1893

4. Place of Birth, (Street and Number)

449 E Lombard St

5. Full Name of Mother,

Ada W. Wright

6. Mother's Maiden Name,

" " Slisa

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Bradford H. Wright

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who make this Return

C. H. Thomas, M.D.

Address.

66 E Baltimore St

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

13886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 4th 1883

4. Place of Birth, (Street and Number)

139 S. Register

5. Full Name of Mother,

Ellen Harris

6. Mother's Maiden Name,

" Peacock

7. Mother's Birthplace,

City

8. Full Name of Father,

James Harris

9. Father's Occupation,

Ship carpenter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

13887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 4th 1883

4. Place of Birth, (Street and Number)

No. Chew St. 5 door from Durham

5. Full Name of Mother,

Annie House

6. Mother's Maiden Name,

"ollar

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George House

9. Father's Occupation,

Gas man

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Dr. A. B. Butt

Address,

No 185 S. E. cor. Central av. & Monument

Remarks,

All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 11 1883*
4. Place of Birth, (Street and Number) *212 Eastern Ave*
5. Full Name of Mother, *Caroline Jones*
6. Mother's Maiden Name, *Darbert*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Jones*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth H. Beth*
- Address, *120 Bank St*
- Remarks, *City*

RETURN OF A BIRTH 13889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 4th 1883*

4. Place of Birth, (Street and Number) *O'Donnell street (no number)*

5. Full Name of Mother, *Ann Kinnison*

6. Mother's Maiden Name, *Ann Heintze*

7. Mother's Birthplace, *Saxony*

8. Full Name of Father, *Andrew Kinnison*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Denmark*

Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Gullens*

Address, *104 West Burley street*

Remarks, *contd*

RETURN OF A BIRTH, 63891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Tuesday June 5 1883
4. Place of Birth, (Street and Number) Baltimore no 15 mont st
5. Full Name of Mother Emma Lizzie B. Smith
6. Mother's Maiden Name Emma Lizzie Gray
7. Mother's Birthplace Baltimore
8. Full Name of Father George Smith
9. Father's Occupation Dressmaking
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sarah Campbell
- Address 129 Monmouth near Edouard St
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

35

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 5 - 1883

4. Place of Birth, (Street and Number)

1012 Saratoga St

5. Full Name of Mother,

Fred Amos.

6. Mother's Maiden Name,

Lucy Hill

7. Mother's Birthplace,

Fitzgibbon Lancashire Co

8. Full Name of Father,

Georg Amos.

9. Father's Occupation,

Driver

10. Father's Birthplace,

Fitzgibbon Coshocton

Name of Medical Attendant, or other Person who makes this Return.

Amos Cornish

Address,

34 Boyd St.

Remarks,

of the father, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 5th*
4. Place of Birth, (Street and Number) *No 360 Ramsdell St*
5. Full Name of Mother, *Mari Sahuc*
6. Mother's Maiden Name, *Mari Winderhausen*
7. Mother's Birthplace, *German*
8. Full Name of Father, *August Dehnen*
9. Father's Occupation, *Iron Painter*
10. Father's Birthplace, *German*

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

JUN
14
1903

RETURN OF A BIRTH

62894

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

1st Jan. 1895

4. Place of Birth, (Street and Number)

11 Johnson St.

5. Full Name of Mother,

Angeline Kelley

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Wm. Kelley

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Dr. M. C. Hurley

Address,

94 N. E. St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

12895

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

5 June

4. Place of Birth, (Street and Number)

104 S. Caroline street D.

5. Full Name of Mother,

Minnie Rorer

6. Mother's Maiden Name,

Schubmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Rorer

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Sarah Casper

Address,

72 E. Lombard street.

Remarks,

RETURN OF A BIRTH

63896

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
12
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

5 June

4. Place of Birth, (Street and Number)

9 Thomson

5. Full Name of Mother,

Clara Scheler

6. Mother's Maiden Name,

Shiffler

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Joseph Scheler

9. Father's Occupation,

Varnisher

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard Street

Remarks,

RETURN OF A BIRTH

13897

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Printed Name of the mother of the mother of each child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

5 June

4. Place of Birth, (Street and Number)

172 Bond street

5. Full Name of Mother,

Katie Heck

6. Mother's Maiden Name,

Bessendeffer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Valentine Heck

9. Father's Occupation,

Salooner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72.6. Lombard street.

Remarks,

RETURN OF A BIRTH

13898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUL 23

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

5th June 1883

4. Place of Birth, (Street and Number)

Mount Street Extended No 2

5. Full Name of Mother,

Harriet James Sophia Watkins

6. Mother's Maiden Name,

Watkins

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles James Sophia Watkins

9. Father's Occupation,

Farming

10. Mother's Birthplace,

Baltimore County

Name of Medical Attendant,

or other Person who makes this Return

Eliza Foster

Address,

405 Vincent alley

Remarks,

all as correct

RETURN OF A BIRTH

63899

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN 8 1923

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 5th 1883
4. Place of Birth, (Street and Number) 37 Ething St.
5. Full Name of Mother, Mary E. Cornish
6. Mother's Maiden Name, Mary E. Brown
7. Mother's Birthplace, Lancaster, Md.
8. Full Name of Father, Marcelus Brown
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return Mrs. Fannie Sneden
- Address 60 Sanson St.
- Remarks,

RETURN OF A BIRTH

63900

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 5

4. Place of Birth, (Street and Number)

57 E. Eager St.

5. Full Name of Mother,

Amelia Harris

6. Mother's Maiden Name,

Amelia Oram

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Joe. Harris

9. Father's Occupation,

Knicker

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

J. H. Harrison

Address,

25 E. Green St.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13901

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUL 8 1883

- No. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.) ~~2nd~~
1. Sex (state whether Male or Female) ~~Female~~
2. Race or Color (if not of the white race) colored
3. Date of Birth June 5th, 1883
4. Place of Birth (Street and Number) 106 Druid Hill Ave
5. Full Name of Mother Charity Sembley
6. Mother's Maiden Name Priscoe
7. Mother's Birthplace Maryland
8. Full Name of Father John Sembley
9. Father's Occupation Coachman
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return D. Wingling, M.D.
- Address 152 1/2 N. Eutan St Balto
- Remarks

RETURN OF A BIRTH

63902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 5 1883

4. Place of Birth, (Street and Number)

316 W. Fayette St.

5. Full Name of Mother,

Adeline Ehrman

6. Mother's Maiden Name,

Adeline Wunzburger

7. Mother's Birthplace,

City

8. Full Name of Father,

Isaiah Ehrman

9. Father's Occupation,

Horse dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. A. Hucold M.D.

Address,

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

63903
JUN 18 1883

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *5th of June 1883*
4. Place of Birth (Street and Number) *415 1/2 St. Abbott St. Balto*
5. Full Name of Mother *Josefi Witek*
6. Mother's Maiden Name *Josefi Hirt*
7. Mother's Birthplace *Bohemia*
8. Full Name of Father *Frantisek Witek*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Bohemia*
Name of Medical Attendant, or other Person who makes this Return. *Kateryna Pazouek*
Address *41. Abbott St.*
Remarks *Born Live*

RETURN OF A BIRTH

63904

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 5-4 1883

4. Place of Birth, (Street and Number)

125 S. Wolf St.

5. Full Name of Mother,

Friederike Shatz

6. Mother's Maiden Name,

Gier

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Herman Shatz

9. Father's Occupation,

Laborer

Germany

Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Elizabeth Betz

Address,

126 S. Bank St.

Remarks,

RETURN OF A BIRTH 63905

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 5th 1893

4. Place of Birth, (Street and Number)

No. 53. E. Hild St.

5. Full Name of Mother,

Mary Born

6. Mother's Maiden Name,

Mary Franck

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Born

9. Father's Occupation,

Hostler

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

M. A. Best

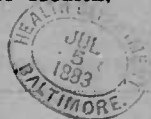
Address, No 185 L. E. cor. Central w. & Central av.

Remarks, All Well

RETURN OF A BIRTH

62906

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 5, 83

4. Place of Birth, (Street and Number)

W. Warrington St No 40

5. Full Name of Mother,

Maryanne Fritsch

6. Mother's Maiden Name,

Lissun

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Friedrich Fritsch

9. Father's Occupation,

Schuhmacher

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. Johannes Rausch

Address,

W. Warrington St No 14

Remarks,

RETURN OF A BIRTH

13907

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female
White



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 5th. 1883

4. Place of Birth, (Street and Number)

Cor. of 7th and Oregon

5. Full Name of Mother,

Mary McKeel

6. Mother's Maiden Name,

"Lee.

7. Mother's Birthplace,

Louisiana

8. Full Name of Father,

Joseph McKeel

9. Father's Occupation,

Labourer for P & O. R. R.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. J. [unclear]

Address,

No. 36 [unclear]

Remarks,

First child

RETURN OF A BIRTH 63908

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 6th 1883

4. Place of Birth, (Street and Number)

120 West St

5. Full Name of Mother,

Lizzie Borcharding
Bartenfelder

6. Mother's Maiden Name,

Balto City

7. Mother's Birthplace,

8. Full Name of Father,

Herman Borcharding

9. Father's Occupation,

Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

C. S. Buehler M.D.
66 S. East

Address,

Remarks,

RETURN OF A BIRTH

13909

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 6th 1883

4. Place of Birth, (Street and Number) 118 High St.

5. Full Name of Mother, Hannah Cooper

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Joseph Cooper

9. Father's Occupation, Pedler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return

Address, 113 E Lombard St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

6/1/83

4. Place of Birth, (Street and Number)

161 N Lombard - Mountair

5. Full Name of Mother,

Alicia Splodgett

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

Germany

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

—

Name of Medical Attendant, or other Person who makes this Return

W. P. M. Lutzsch M.D.

Address,

161 N Lombard

Remarks,

At the residence, and the residence name of the mother of such child or children,

RETURN OF A BIRTH

13911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1893

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 7d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 2 6 48

4. Place of Birth, (Street and Number)

No 108 Duncan Alley

5. Full Name of Mother,

Margareth Gebhart

6. Mother's Maiden Name,

Baum

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrick Gebhart

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mr Goetzke

Address

No 55 S. Bond St

Remarks.

RETURN OF A BIRTH

13912

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
18
93

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 6

4. Place of Birth, (Street and Number)

N. 105 S. Caroline St.

5. Full Name of Mother,

Margherit. Froburg.

6. Mother's Maiden Name,

Margherit. Roder

7. Mother's Birthplace,

Prusse

8. Full Name of Father,

Charles Froburg.

9. Father's Occupation,

House Carpenter

10. Father's Birthplace,

Prusse

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hanna Knowles.

Address,

N. 136 S. Caroline St.

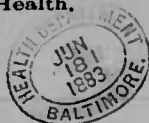
Remarks,

RETURN OF A BIRTH

13913

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



Name: *Blanche Elliott*
N Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address, *256 N. Drexel St.*

Remarks,

Female

White

June 17 1883

104 N. Wolfe St.

Frank C. Elliott

Hickson

Baltimore

Wm. C. Elliott

Seaman

Baltimore

Mary A. Ellwell

13914

BALTIMORE CITY.

- much can be or will be.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person who fails to comply with the provisions of this act shall be liable to a fine of not less than five nor more than ten dollars, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return _____

Address, _____

Remarks, _____

June 6th 1883.

183 S. Charles St.

Ellen L. Gray

Ellen L. Gray

Baltimore City

John W. Gray

Shipjoiner

Baltimore City

John D. Hays, M.D.

RETURN OF A BIRTH

13916

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN 18 1893

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16, 1893
4. Place of Birth, (Street and Number) Marine Hwy. 14 156.
5. Full Name of Mother, Katharine Schmidt
6. Mother's Maiden Name, Katharine Frank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilhelm Schmidt
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Harry E. Hallor

Address, 1600 E. Hallor St. 14 26

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 6th 1883

4. Place of Birth, (Street and Number)

No 187 Blean St.

5. Full Name of Mother,

Elizabeth Luhn

6. Mother's Maiden Name,

" Gibson

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Edward Luhn

9. Father's Occupation,

Boiler maker

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

M. A. Butt

Address,

No. 185 S. E. cor Central av. & Monument St.

Remarks,

All Well

RETURN OF A BIRTH

13918

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

June 6th 1883

331 Eastern Ave

Mary Oberlander

Bauer

Baltimore

John Oberlander

Labrer

Baltimore

Mr Louis Krapp

236 Canton Ave

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH,

13919

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

Phatta Johnson det son

was born on 6 June 1883
milling near Bethel

on Camp near 9 mallett near eden

RETURN OF A BIRTH

13911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth. June 7th 1883

4. Place of Birth, (Street and Number) 66 Portland St.

5. Full Name of Mother. Mary Winkelmann

6. Mother's Maiden Name.

7. Mother's Birthplace, Baltimore

8. Full Name of Father. Theodore Winkelmann

9. Father's Occupation, Porter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard St.

Remarks,



RETURN OF A BIRTH

63921

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male
White
June 7th 1883
229 Montross Street
Walter Schiller
" John
" Baltimore
Wm. C. Schiller
Druggist
Germany
Theodore Cooke, M.D.
per No. 3

RETURN OF A BIRTH

13922

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1893

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 14th

Sex. (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. June 7th 1883

4. Place of Birth, (Street and Number) No. 35. A Bethel St

5. Full Name of Mother Annie Buddenbaum

6. Mother's Maiden Name. Sprahn

7. Mother's Birthplace, Baltimore

8. Full Name of Father Ferdinand Buddenbaum

9. Father's Occupation, Gasfitter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Goetzke

Address, No. 55. A Bond St

Remarks.

State, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

13923

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
11
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 7th 1883

4. Place of Birth, (Street and Number)

61 E. Drough St. Baltimore

5. Full Name of Mother,

Mary Sherry

6. Mother's Maiden Name,

Stefner

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Joseph Sherry

9. Father's Occupation,

Car Maker

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs H Knowles

Address,

136 S. Caroline St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

63924

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 7th

4. Place of Birth, (Street and Number) No 150 E Lombard St

5. Full Name of Mother Mrs Theresa Padgett

6. Mother's Maiden Name, Schoolden

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Padgett

9. Father's Occupation, Fish Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Eratzke

Address, No 56 S. Bond St

Remarks,

to fill, fill of later physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother if such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15920

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUN
12
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

June 7th 1883

4. Place of Birth (Street and Number)

208 Fulton Ave Baltimore Md

5. Full Name of Mother

Mary S. Claggett

6. Mother's Maiden Name

Mary S. Prier

7. Mother's Birthplace

Philadelphia Pa

8. Full Name of Father

Jesse C. Claggett

9. Father's Occupation

Agent

10. Father's Birthplace

Fredrick County Maryland

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Howard

Address

181 Madison Ave Baltimore Md

Remarks

RETURN OF A BIRTH

13926

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
General
White

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 7th 1889

4. Place of Birth, (Street and Number)

134 Stirling St
Josephine Suss

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Smith
Baltimore
John Suss
Tailor

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

S. W. Bloomer M.D.

Address,

26 Carey St
Caroline Street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

place of his birth, and the said schedule shall be delivered, duly signed by the midwife, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the person so attending to procure a birth certificate, and to deliver the same to the Board of Health, in the manner, and within the period above prescribed, except in the case of the birth of a child which is born dead, and in such case any person or persons who shall offend, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 7/83

4. Place of Birth, (Street and Number)

720 Hanover st.

5. Full Name of Mother,

Annie Schweigert

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Schweigert

9. Father's Occupation,

Dairy

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

J. Schweigert midwife

Address,

330 Hanover st.

Remarks,

RETURN OF A BIRTH

13928

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 9*

1. *Male*, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *the 7 of July*

4. Place of Birth, (Street and Number) *No. 339 Conderel ave*

5. Full Name of Mother, *Calin Reuff*

6. Mother's Maiden Name, *Calin Sigel*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Sigel*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Christina Sauer*

Address, *173 Harford ave*

Remarks, *1883*

RETURN OF A BIRTH, 13929

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

name of the mother of such child or children.

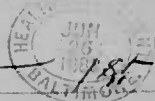
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth June 7th 1887
4. Place of Birth, (Street and Number) St 941 Hammer St
5. Full Name of Mother Mary Bass
6. Mother's Maiden Name Mary Goldburg
7. Mother's Birthplace Saint Mary County MD
8. Full Name of Father John Bass
9. Father's Occupation Laborer
10. Father's Birthplace Dorchester Pa
- Name of Medical Attendant, or other Person who makes this Return. Catharine Shermeyer
- Address 18 Byrd St
- Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

63930

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Female

White

June 7th 1883

197 Greenmount av

Lena E. Wilson

Lena E. Ertel

Baltimore County Md

James E. Wilson

Harmon Master

Baltimore Md

James E. Whitford M.D.

195 Disgrace Street

RETURN OF A BIRTH

13931

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *six child*

1. ☒ (state whether male or female) *male child*

2. Race or Color, (if not of the white race) *White child*

3. Date of Birth, *Born 7 June 1883*

4. Place of Birth, (Street and Number) *430 Fulton Avenue*

5. Full Name of Mother, *Clara Mudd*

6. Mother's Maiden Name, *Clara Freeman*

7. Mother's Birthplace, *Washington D.C.*

8. Full Name of Father, *E. W. H. Hall*

9. Father's Occupation, *clerk*

10. Father's Birthplace, *Washington D.C.*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Jones*

Address, *No 17 Madewood St*

Remarks,



RETURN OF A BIRTH

13932

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 7th

4. Place of Birth, (Street and Number)

118 Raburg St

5. Full Name of Mother,

Mary Barb Treperman

6. Mother's Maiden Name,

Mary Barb

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Treperman

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dummer.

Address,

No 60 Schroeder St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 7th.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June the 7th.*
4. Place of Birth, (Street and Number) *Harmony Lane. No. 148*
5. Full Name of Mother, *Ludwine Mathilde Hilmer*
6. Mother's Maiden Name, *Cjoch*
7. Mother's Birthplace, *Grimmelskopen Prov. Bielefeld Baden*
8. Full Name of Father, *Rudolph William Hilmer*
9. Father's Occupation, *cigar maker*
10. Father's Birthplace, *Ostercappeln Hannover*
- Name of Medical Attendant, *Mrs. Dwyler.*
or other Person who makes this Return
- Address, *No. 60 Schaefer St.*
- Remarks,

RETURN OF A BIRTH

63934

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

25

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 7 1883

4. Place of Birth, (Street and Number)

78 Booth St

5. Full Name of Mother,

Harriet White

6. Mother's Maiden Name,

Giles

7. Mother's Birthplace,

Wm White

8. Full Name of Father,

Jasper

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Ann Cornish

Address,

34 Boyd St.

Remarks,

RETURN OF A BIRTH

13935

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 7th 1883

4. Place of Birth, (Street and Number)

32 Pleasant St

5. Full Name of Mother,

Susan Glanham

6. Mother's Maiden Name,

Susan Raynor

7. Mother's Birthplace,

North Carolina

8. Full Name of Father,

A. H. Glanham

9. Father's Occupation,

Surgeon U. S. A.

10. Father's Birthplace,

New York

Name of Medical Attendant.

or other Person who makes this Return

J. W. Litchman

Address,

121 N. Howard St

Remarks,

RETURN OF A BIRTH

63936

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 7th 1883

4. Place of Birth, (Street and Number) 122 Pearl

5. Full Name of Mother, Lena Graf

6. Mother's Maiden Name, Lena Hahl

7. Mother's Birthplace, Germany

8. Full Name of Father, Rudolph Graf

9. Father's Occupation, Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. A. H. H. H. H.

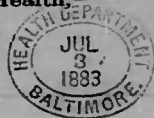
Address, 345 - Penna ave

Remarks,

RETURN OF A BIRTH

63937

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 7th. 1883

4. Place of Birth, (Street and Number)

No. 283 Ann St.

5. Full Name of Mother,

Lillie Merrick

6. Mother's Maiden Name,

" Bowera

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Jesse P. Merrick

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Talbot Co. Md

Name of Medical Attendant, or other Person who makes this Return

M. A. Pratt

Address, No 185 S. E. Cor Central av. & Monument

Remarks, All well

RETURN OF A BIRTH

63938

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

8 June 1883

4. Place of Birth, (Street and Number)

215 Ch. Bester street

5. Full Name of Mother,

Kate Hehon

6. Mother's Maiden Name,

Shewlow

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Hehon

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard street.

Remarks,

RETURN OF A BIRTH 63939

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4 5th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 8 June
4. Place of Birth, (Street and Number) Central Avenue near Glen Road
5. Full Name of Mother, Thirina Bornhorn
6. Mother's Maiden Name, Hilbuck
7. Mother's Birthplace, Michelsheim Baden
8. Full Name of Father, John Bornhorn
9. Father's Occupation, Cigar-maker
10. Father's Birthplace, Lohre Oldenburg
- Name of Medical Attendant, or other Person who makes this Return Anna Walker
- Address, 237 E. Egan Street
- Remarks,

JUN
12
1893

RETURN OF A BIRTH,

63940

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

June 8th 1883

4. Place of Birth, (Street and Number)

28 E. Baltimore St

5. Full Name of Mother

Mary E. Lane

6. Mother's Maiden Name

" Myers

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

Myer E. Lane

9. Father's Occupation

Salaman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Edward P. M. Driscoll

Address

24 Myrtle St

Remarks

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13941

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUN 11 1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether ~~Male~~ or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth June 8th 1883
4. Place of Birth (Street and Number) 101 Holland St
5. Full Name of Mother Lucia Wilson
6. Mother's Maiden Name Lucia Watson
7. Mother's Birthplace North Carolina
8. Full Name of Father John W. Wilson
9. Father's Occupation Cigarmaker
10. Father's Birthplace Harford Co. Md
- Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andros M.D.
- Address No 121 E Balto. St
- Remarks _____

RETURN OF A BIRTH.

13942

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Septe

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

3. Date of Birth

June 8 - 1883

4. Place of Birth (Street and Number)

Truman Row Marshall Ave

5. Full Name of Mother

Kate Freely

6. Mother's Maiden Name

" Bellas

7. Mother's Birthplace

Balta

8. Full Name of Father

Wm Freely

9. Father's Occupation

Brick Maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr A Lewis

Address

162 Hammon St

Remarks

name of the mother of such child or children.

Learn, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13743

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

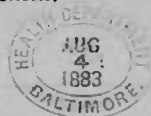
JUN
12
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 8th 1883.*
4. Place of Birth (Street and Number) *48. N. Mount St.*
5. Full Name of Mother *Mary E. Buckley.*
6. Mother's Maiden Name *Mary E. McKeldin.*
7. Mother's Birthplace *Baltimore City.*
8. Full Name of Father *Daniel J. Buckley.*
9. Father's Occupation *Supt. of City Gas R R Co.*
10. Father's Birthplace *Baltimore City.*
- Name of Medical Attendant, or other Person who makes this Return. *Isid. Huntington M.D.*
- Address *134 N. Charles St.*
- Remarks

RETURN OF A BIRTH

13944

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male
Colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 8. 1883

4. Place of Birth, (Street and Number)

26 Morris ally

5. Full Name of Mother,

Isabella Coopers

6. Mother's Maiden Name,

Isabella Gooden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lewis Gooden

9. Father's Occupation,

Waiter

10. Other's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Amelia Banks

Address,

29 Cannons ally

Remarks,

RETURN OF A BIRTH

13945

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 8, 1883

4. Place of Birth, (Street and Number)

127 W. Green St.

5. Full Name of Mother,

Clara Cox

6. Mother's Maiden Name,

" Ruder

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Charles Cox

9. Father's Occupation,

Up-holster

10. Father's Birthplace,

Mississippi

Name of Medical Attendant, or other Person who makes this Return

D. Edw. Janney M.D.

Address,

212 W. Eutan St.

Remarks,

RETURN OF A BIRTH

13946

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

Mrs Rosa Ullig

48 Holland St. Balt

RETURN OF A BIRTH

63947

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Off. to male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th of June 1889

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Belinda Fair

6. Mother's Maiden Name,

Conit

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Charles A. Fair

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mr. M. E. Hawley

Address,

94 N. Eden street

Remarks,

RETURN OF A BIRTH 63948

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 8/83

4. Place of Birth, (Street and Number) 112 E. Eager

5. Full Name of Mother, Lizzie Pull

6. Mother's Maiden Name, Still

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Leger Pull

9. Father's Occupation, Conductor

10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other Person who makes this Return E. H. Stone, M.D.

Address,

Remarks,

born, as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUN
12
1893

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second, child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Friday, 8th*
4. Place of Birth (Street and Number) *252 Washington St.*
5. Full Name of Mother *Mary M. Wilson*
6. Mother's Maiden Name *Mary M. Schallian*
7. Mother's Birthplace *New York*
8. Full Name of Father *James M. Wilson*
9. Father's Occupation *Carter*
10. Father's Birthplace *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Mary A. Harrington*
- Address
- Remarks *Mothers & child, seen. Well*

RETURN OF A BIRTH

13950

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *8 of June 1881*
4. Place of Birth, (Street and Number) *1118 Harvard Str*
5. Full Name of Mother, *Emeline Cox*
6. Mother's Maiden Name, *Emeline Smith*
7. Mother's Birthplace, *for summer*
8. Full Name of Father, *John Cox*
9. Father's Occupation, *Work in clothing*
10. Father's Birthplace, *for summer*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. L. Gross*
- Address, *123 Plum Alley*
- Remarks,

RETURN OF A BIRTH

13951

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 8th

4. Place of Birth, (Street and Number) W & E Hospital 126 N Eutaw St.

5. Full Name of Mother, Annie

6. Mother's Maiden Name, Annie McAdams

7. Mother's Birthplace, Ireland

8. Full Name of Father, Frank Donahue

9. Father's Occupation, Sailor

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return May R Owen, M.D.

Address, W & E Hospital Resident Physician

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

30

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 8th 1883

4. Place of Birth, (Street and Number)

141 St. Lombard St. - "Maternity"

5. Full Name of Mother,

Annie Smith

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

—

Name of Medical Attendant, or other Person who makes this Return

W P M Lintock M.D.

Address,

141 St. Lombard St.

Remarks,

Child illegitimate.

RETURN OF A BIRTH

13913

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th
4. Place of Birth, (Street and Number) 201. N. Caroline St
5. Full Name of Mother, Bertha Rosenheim
6. Mother's Maiden Name, " Frank.
7. Mother's Birthplace, Batke
8. Full Name of Father, Eustace Rosenheim
9. Father's Occupation, Salesman Germany
10. Father's Birthplace, Salesman Germany
- Name of Medical Attendant, or other Person who makes this Return Dr. Gump M.D.
- Address, 137 Orleans St
- Remarks, _____

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

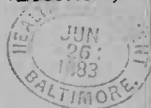
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth eight
4. Place of Birth (Street and Number) Balto. 281 N Eutam st
5. Full Name of Mother Mary Francis Gent
6. Mother's Maiden Name Mary F. Hazleton
7. Mother's Birthplace Balto
8. Full Name of Father Stephen. Gent
9. Father's Occupation waiter
10. Father's Birthplace Beisterstown
- Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Baker
- Address No 66 Bider ally
- Remarks Healthy

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 5th 1883*
4. Place of Birth, (Street and Number) *South Washington St.*
5. Full Name of Mother, *Anna Garrison*
6. Mother's Maiden Name, *Donoughan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Garrison*
9. Father's Occupation, *Ship Carpenter*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Hannah Knowles*
- Address, *136 S Carolina St.*
- Remarks,

RETURN OF A BIRTH

13956

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

44

1. ☒ (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 8: 1883

4. Place of Birth, (Street and Number)

46 - Buzen St

5. Full Name of Mother,

Catherine Leonard

6. Mother's Maiden Name,

Catherine Smith

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James Leonard

9. Father's Occupation,

Restaurant Keeper

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

A. L. Picton
387 W. Lombard St

Address,

Remarks,

RETURN OF A BIRTH

63957

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, June 8 1883
- Place of Birth, (Street and Number) S. E. Cor Lexington & Schaefer Sts.
- Full Name of Mother, Susan E. Elphing.
- Mother's Maiden Name, " " Pierce
- Mother's Birthplace, Baltimore
- Full Name of Father, F. A. Elphing
- Father's Occupation, Upholsterer
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Thomas Opie M.D.
- Address. 39 North Carey St.
- Remarks.

Missing

63958

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____
- Sex, (state whether male or female) _____
- Race or Color, (if not of the white race) _____
- Date of Birth, _____
- Place of Birth, (Street and Number) _____
- Full Name of Mother, _____
- Mother's Maiden Name, _____
- Mother's Birthplace, _____
- Full Name of Father, _____
- Father's Occupation, _____
- Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return _____
- Address _____
- Remarks _____

JUN 1893
female
white
7 of June
Baltimore
Josephine A. & Matthew
Josephine A. Smith
Baltimore
Vaughan J. Matthews
Salary
Somerset Co. Western shore Virginia
The Coroner

RETURN OF A BIRTH

63961

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

9 June

4. Place of Birth, (Street and Number)

43 E. Lombard street

5. Full Name of Mother,

Billie Bandy

6. Mother's Maiden Name,

Bachman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Bandy

9. Father's Occupation,

Bar-keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

1902

ability of the parent or parents or such child to report its birth to the Department of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

7 de Abril

1146

June 4 1853

No. 726 Light st.

Harcourt, Bruce

Freier

1/1 America

John Smith

Blacksmith.

Comilla

298 *Thamnomys* *sp.*

338 Hannover N. H.

RETURN OF A BIRTH.

13963

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
12
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 1. Sex (state whether Male or Female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth 9th June, Saturday
 4. Place of Birth (Street and Number) 33 O'Donnell St.
 5. Full Name of Mother Francis Diffelder.
 6. Mother's Maiden Name Francis Crook.
 7. Mother's Birthplace Germany
 8. Full Name of Father George Diffelder
 9. Father's Occupation Barber
 10. Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this return Johanna Terlin
 Address 118 Chesapeake St.
 Remarks I would like to have about 35 envelopes.

the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

63964

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 9th 1883

4. Place of Birth (Street and Number)

67 Conway St

5. Full Name of Mother

Lola Eva Catherine Michaux

6. Mother's Maiden Name

Lola Eva Catherine Eppler

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Ellis Michaux

9. Father's Occupation

Physician

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Ellis Michaux, M.D.

Address

158 E. Sharp St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

53765

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan 9 1883

4. Place of Birth, (Street and Number)

No 156 Bane St
Martha Mearshaw

5. Full Name of Mother,

Shaw

6. Mother's Maiden Name,

Massachusetts

7. Mother's Birthplace,

Mrs Mearshaw is

8. Full Name of Father,

machinist

9. Father's Occupation,

City

10. Father's Birthplace,

15 11/11/1883

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

13966

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 9, 1883

4. Place of Birth, (Street and Number)

209 Battery An Balt. Md.

5. Full Name of Mother,

Florence Lasch

6. Mother's Maiden Name,

Florence Knight

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Charles Lasch

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Lasch

Address,

707 Johnson St. Balt. Md.

Remarks,

RETURN OF A BIRTH

1896

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 9th

4. Place of Birth, (Street and Number)

381 E Biddle St

5. Full Name of Mother,

Margaret Collins

6. Mother's Maiden Name,

Stibler

7. Mother's Birthplace,

Balto Md.

8. Full Name of Father,

J W Collins

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who make this Return

Mr. B. Billingham

Address,

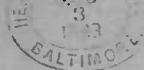
25 E E Boston St

Remarks,

RETURN OF A BIRTH

13968

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 9th 1913*
4. Place of Birth, (Street and Number) *17 Greenmont Ave*
5. Full Name of Mother, *Alma Buff*
6. Mother's Maiden Name, *Lawson*
7. Mother's Birthplace, *Pennsey, Virginia*
8. Full Name of Father, *Asa Buff*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Pennsey, Virginia*
- Name of Medical Attendant, or other Person who makes this Return *Silas W. Hunter M.D.*
- Address, *36 Greenmont Ave*
- Remarks,

RETURN OF A BIRTH

63969

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4"

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 9th 1883

4. Place of Birth, (Street and Number)

No 114 East Ave

5. Full Name of Mother,

Maggie Peters

6. Mother's Maiden Name,

do Bainer

7. Mother's Birthplace,

Balt. city md

8. Full Name of Father,

John Peters

9. Father's Occupation,

car driver

10. Father's Birthplace:

Balt. co md

Name of Medical Attendant,

or other Person who makes this Return

E. Hinton

Address,

No 636 South Charles St

Remarks,

RETURN OF A BIRTH

63970

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUL
1911

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 7 June

4. Place of Birth, (Street and Number) 322 W. Gay St.

5. Full Name of Mother, Fannie Hamburger

6. Mother's Maiden Name, "Steinberg"

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adolph Hamburger

9. Father's Occupation, Gent's Furnishing store

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Weiss

Address, 4 S. Hollander St

Remarks, Gent

RETURN OF A BIRTH

63971

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June the 9 1883

4. Place of Birth, (Street and Number)

Baltimore Morris alley near 1st

5. Full Name of Mother,

Jesse Edward

6. Mother's Maiden Name,

Jesse Brown

7. Mother's Birthplace,

Nut Bent County Eastern Shore of D

8. Full Name of Father,

Labele Edward

9. Father's Occupation,

Work in the Printing office

10. Father's Birthplace,

Santh Ridge

Name of Medical Attendant, or other Person who makes this Return

Chalet Warr

Address,

258 Riborg St

Remarks,

man



For the Parents, and the married name of the mother of such child or children.

RETURN OF A BIRTH,

13472

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth Nine June

4. Place of Birth, (Street and Number) 73 E. Bow Lane

5. Full Name of Mother Annie Miller

6. Mother's Maiden Name Annie Scott

7. Mother's Birthplace Baltimore

8. Full Name of Father John Miller

9. Father's Occupation Brick yard man

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Rachel Dorel

Address Hamrick street 322

Remarks

RETURN OF A BIRTH

13972

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 9 1883

4. Place of Birth, (Street and Number)

185 S. Betteel St.

5. Full Name of Mother,

Caroline Bishop

6. Mother's Maiden Name,

" Seeburger

7. Mother's Birthplace,

City

8. Full Name of Father,

Nicolas Bishop

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth

Address,

120 Bank St.

Remarks,

RETURN OF A BIRTH

13974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 9 - 1883

4. Place of Birth, (Street and Number)

42 Hill St Baltimore Md.

5. Full Name of Mother

Margaret Doyle

6. Mother's Maiden Name,

Margaret Muller

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Doyle

9. Father's Occupation,

Blackman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Wm. Mink

Address,

1 Seafield St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 9*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 29*

4. Place of Birth, (Street and Number) *Balt. Stockholm st*

5. Full Name of Mother, *Elizabeth Liris*

6. Mother's Maiden Name, *Wheat*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Edward Liris*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Seebach*

Address, *No 432 W. Pratt st*

Remarks, *Satisfactory*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth, the place of birth, the race or color, and the sex of such child, and the name of the mother, to the Registrar of Vital Statistics, within the time specified in the regulations of the Board of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

13976

HEALTH DEPT. BALTIMORE
JUL 7 1883

Health -

- June 9th 1833
 No. 8 Poyson st
 Estlin
 Baltimore
 Md
 Baltimore City
 Wm. B. Brown
 Bank Merchant
 Balto. City
 Wm. J. Linn
 No. 86 Frederick st
 Linn Church 11th St

[Handwritten signature]

No. 96 *Handwritten*

John Christy 11/1/1877

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 10. 1883*

4. Place of Birth, (Street and Number) *Hubert Street No 40*

5. Full Name of Mother, *Wilmena Grams*

6. Mother's Maiden Name, *Wilmena Kinkelman*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *William Grams*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Margie Ettel*
or other Person who makes this Return

Address, *No 13 Cuba Street*

Remarks, *Free Birth*

Each of any child shall secure without fee a declaration of a physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than \$10 nor more than \$50.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether ~~male~~ female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 4th 10, 1883*

4. Place of Birth, (Street and Number) *S. Dallas St. No. 107*

5. Full Name of Mother, *Maria Lutz*

6. Mother's Maiden Name, *Maria Lutz*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, { }

9. Father's Occupation, { }

10. Father's Birthplace, { }

Name of Medical Attendant, or other Person who makes this Return

Address, *S. Dallas St. No. 107*

Remarks, _____

name of the mother of such child or children.
name, nativity, and residence of the parents, and the maiden

RETURN OF A BIRTH.

13979

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN
12
1903

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 10th 1883
4. Place of Birth (Street and Number) 440 E Fayette St
5. Full Name of Mother Lizzie Cullison
6. Mother's Maiden Name " Wilson
7. Mother's Birthplace Eastern Shore Maryland
8. Full Name of Father Harry Cullison
9. Father's Occupation Leafletting, Oyster Vessel, &c.
10. Father's Birthplace Eastern Shore Maryland
- Name of Medical Attendant, or other Person who makes this Return. D W Catheee M.D.
- Address 213 Broadway
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 10th 1883*

4. Place of Birth, (Street and Number) *No. 5 Mc. Eldeny st.*

5. Full Name of Mother, *Ester Schwartzman*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Abraham Schwartzman*

9. Father's Occupation,

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*

Address, *113 E. Lombard st.*

Remarks,

RETURN OF A BIRTH

13981

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Printed for the Registrar of Vital Statistics, Board of Health, Baltimore City, by the Baltimore City Printers and Stationers.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

male
white
June 10th 1883
111 N Lombard - Maternity
Mary A. Parker
Penny Loania
N. P. M. & Central Ins.
111 N Lombard St.

JUN 11 1883

RETURN OF A BIRTH

13982

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Laura born 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

15 of June

4. Place of Birth, (Street and Number)

No 8. rice st.

5. Full Name of Mother,

Laura Stomia

6. Mother's Maiden Name,

7. Mother's Birthplace,

Greenann County

8. Full Name of Father,

Jefferson Ewels

9. Father's Occupation,

Writer

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other Person who makes this Return

Lucy Cornish

Address,

15 Jordan alv.

Remarks,

RETURN OF A BIRTH

1893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
14-1
1893
15:00

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16 child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 10 June

4. Place of Birth, (Street and Number) 246 West Lomb

5. Full Name of Mother, Marie Bassas Behr

6. Mother's Maiden Name, Marie Pannus

7. Mother's Birthplace, Gibraltar Mexican Penn

8. Full Name of Father, John Baker

9. Father's Occupation, Laborer

10. Father's Birthplace, Prussia Germanic

Name of Medical Attendant, or other Person who makes this Return

Dr. J. Walker

Address, 239 E. Center Street

Remarks,

RETURN OF A BIRTH, 13 954

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth June 10th 1883

4. Place of Birth, (Street and Number) 50 Hillman St.

5. Full Name of Mother Mary A. Tipton

6. Mother's Maiden Name " McCreary

7. Mother's Birthplace Baltimore

8. Full Name of Father James E. Tipton

9. Father's Occupation Collector

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. A. M. Dr. W.

Address 571 Lexington St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

13985

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) color
 3. Date of Birth, June 10 1883
 4. Place of Birth, (Street and Number) Judges Street No 8, 1/2
 5. Full Name of Mother, Mary Queen
 6. Mother's Maiden Name, Mary Hollin
 7. Mother's Birthplace, West River md
 8. Full Name of Father, Daniel Queen
 9. Father's Occupation, Steward
 10. Father's Birthplace, Baltimore City
 Name of Medical Attendant, or other Person who makes this Return. Sarah Penington
 Address, 104 Lydon Street
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 10th 1883

4. Place of Birth, (Street and Number)

No. 419 Light St.

5. Full Name of Mother,

Augusta Reinhardt

6. Mother's Maiden Name,

Ehoff

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Julius Reinhardt

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Schroeder midwife

Address,

330 Hanover St.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13987

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 10, 1883
4. Place of Birth (Street and Number) 197 Pierce St.
5. Full Name of Mother Wilhelmina (O'Leary) Emrich
6. Mother's Maiden Name Emrich
7. Mother's Birthplace Germany
8. Full Name of Father George Emrich
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baileys Mt. Md.
Name of Medical Attendant, or other Person who makes this Return W. B. Riden
Address 198 N. Fremont St.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10th June, 1883*

4. Place of Birth, (Street and Number) *361 East Lombard St*

5. Full Name of Mother, *Lizzie Felter*

6. Mother's Maiden Name, *Lizzie Dressling*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Andrew Dressling*

9. Father's Occupation, *Master*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Christiania Kunkel*

Address, *11th St. Chapel St. for postman Kunkel*

Remarks, *Healthy*

printed on the back, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner and within the period of time required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN
12
1883

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Ma'e or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 10 1883
4. Place of Birth (Street and Number) 1 Potapscu ave.
5. Full Name of Mother Julia Cannon
6. Mother's Maiden Name Julia Sidney
7. Mother's Birthplace Va.
8. Full Name of Father Henry Cannon
9. Father's Occupation Leather
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. R. M. Heale
- Address 262 Sharp St
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

13990

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 10 - 1893*
4. Place of Birth (Street and Number) *No. 3 Odessa Street*
5. Full Name of Mother *Melbony Warrick*
6. Mother's Maiden Name *McKean*
7. Mother's Birthplace *Maryland*
8. Full Name of Father *Richard Warrick*
9. Father's Occupation *Shoe Maker*
10. Father's Birthplace *Piedmont Co. Md*
- Name of Medical Attendant, or other Person who makes this Return. *Edw. J. Guthrie*
- Address *151. Conquistador*
- Remarks

JUN
12
1893

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 83921

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10th of June 1883.

4. Place of Birth, (Street and Number)

417 Gay Street

5. Full Name of Mother,

Clara Rose

6. Mother's Maiden Name,

Sarah Schuman

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

George Schuman

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this return

Ernestina Kunkel

Address,

11 North Chapel St per Justice Kunkel

Remarks,

Healthy.

RETURN OF A BIRTH

13992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 10 - 1883

4. Place of Birth, (Street and Number) 168 Central Ave.

5. Full Name of Mother, Juli ~~Tanover~~ Burns

6. Mother's Maiden Name, ~~Burns~~ Tanover

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas ~~Tanover~~ Burns

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 151 E. Pratt St.

Remarks,

RETURN OF A BIRTH

13993

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10th

4. Place of Birth, (Street and Number)

St. Vincent's Infants Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

James L. Leman

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sister of Charity

Address,

Remarks,



RETURN OF A BIRTH

63994

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born on the 10th of June 1883

4. Place of Birth, (Street and Number)

34 Garrison St.

5. Full Name of Mother,

Magdalena Schlickermyer

6. Mother's Maiden Name,

M. Gerneth

7. Mother's Birthplace,

City of Balto.

8. Full Name of Father,

Louis Schlickermyer

9. Father's Occupation,

Writer

10. Mother's Birthplace,

City of Balto.

Name of Medical Attendant, or other Person who makes this Return

Miss Tillis

Address,

1017 W. Pratt St.

Remarks,

RECEIVED JUN 14 1883

RETURN OF A BIRTH

63995

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

121

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10, 1883

4. Place of Birth, (Street and Number)

417 N. Gay

5. Full Name of Mother,

M. L. Cunningham

6. Mother's Maiden Name,

Robinson

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

L. V. Cunningham

9. Father's Occupation,

Plasterer

10. Father's Birthplace,

Hearford Co. N.C.

Name of Medical Attendant, or other Person who makes this Return

D. Sheeth M.D.

Address,

143 N. Euter St.

Remarks,

Very well

RETURN OF A BIRTH

13996

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

121
Male
White
June 10 1883
70 Essex St
Alice Keen
" Stevens
Hartford Conn. U.S.
George A Keen
Sailorman
Baltimore
H. H. Sheet MD
140 26 Essex St
Doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10 of June

4. Place of Birth, (Street and Number)

33 Essex St

5. Full Name of Mother,

Agnes Müller

6. Mother's Maiden Name,

= Freudenmeier

7. Mother's Birthplace,

Hannover (Germ)

8. Full Name of Father,

O. Müller

9. Father's Occupation,

Hammacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

E. Behnken

Address,

54 Essex St

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether Male or Female) *male*

2. Race or Color (if not of the white race) *W.*

3. Date of Birth *Jan 10th 1893*

4. Place of Birth (Street and Number) *312 Alice Anna St*

5. Full Name of Mother *Adelheit J. Brundt Clausen*

6. Mother's Maiden Name *Brundt*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Lingen Clausen*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Denmark*

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

E. B. Winton M.D.
5-1 to Mrs. Odvig

16

RETURN OF A BIRTH

12999

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10th 1883

4. Place of Birth, (Street and Number)

No 216 E. Bank Street

5. Full Name of Mother,

Mrs Mary Welsh

6. Mother's Maiden Name,

Miss Mary Feeney

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Welsh

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Miss Rachel A. Garrett

Address,

No 65 Burke St.

Remarks,



RETURN OF A BIRTH

6/1000

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

46

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 10/83

4. Place of Birth, (Street and Number)

88 S. Poppleton St

5. Full Name of Mother,

Ellen Reardon

6. Mother's Maiden Name,

Gallagher

7. Mother's Birthplace,

Montgomery Virginia

8. Full Name of Father,

Michael Reardon

9. Father's Occupation,

Varnisher

10. Father's Birthplace,

Staunton Va

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

D. S. Prentiss
377 W. Lombard St

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *June 10th 920 A.M. 1883*

4. Place of Birth (Street and Number) *107 S. Bond*

5. Full Name of Mother *Mary Elizabeth Blackell*

6. Mother's Maiden Name *M. D. E. Sumner*

7. Mother's Birthplace *Balt., City*

8. Full Name of Father *William H. Blackell*

9. Father's Occupation *Minister*

10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address *277 E. Baltimore St.*

Remarks

RETURN OF A BIRTH

64003

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

June 11 1883

4. Place of Birth, (Street and Number)

61 S Charles

5. Full Name of Mother.

Annie Leebecker

Married

6. Mother's Maiden Name.

Barania

7. Mother's Birthplace.

Yor or Prussia?

8. Full Name of Father.

none

9. Father's Occupation.

none

Reverend Koper

10. Father's Birthplace.

none

Name of Medical Attendant,

or other Person who makes this Return

Mary Koch

Address,

#28 S Eutaw St.

Remarks.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth June 11th 1883
4. Place of Birth, (Street and Number) 2380 Kanover st
5. Full Name of Mother Sarah Blackburn
6. Mother's Maiden Name Sarah Barely
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Blackburn
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Catherine Hornung
- Address 2^d 18 Baynd st
- Remarks _____

RETURN OF A BIRTH

64005

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

11 June

4. Place of Birth, (Street and Number)

14 Watson street

5. Full Name of Mother,

Katie ~~Blas~~

6. Mother's Maiden Name,

Rouscher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Blas

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

THIS IS THE PROPERTY OF THE BOARD OF HEALTH AND SHOULD BE KEPT IN THE OFFICE OF THE REGISTRAR.

EVERY WIFE ANDER 5-24-57 64000

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Charles Schnitzlein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



male
white
June 11 - 1883
Hulls Road
Anna Schnitzlein
Anna Bessel
Hersbruck, Prussia
Simon Schnitzlein
Bier Bremen
Tushendorf Prussia

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64007

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Birth

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

W. It

3. Date of Birth,

19 Juni

4. Place of Birth, (Street and Number)

Lombard Street No. 278

5. Full Name of Mother,

Louis Gier

6. Mother's Maiden Name,

" " " J. P. Cheln

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert Gier

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. F. J. J. J.

Address,

Remarks,

Lombard Street No. 278



IN THIS COLUMN, AND THE UNDERSIGNED NAME OF THE MOTHER OF EACH CHILD OF CHILDREN.

RETURN OF A BIRTH 64008

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 11th 1883

4. Place of Birth, (Street and Number) Leno St.

5. Full Name of Mother, Fanny Schapiere

6. Mother's Maiden Name, " Rookin

7. Mother's Birthplace, Russia

8. Full Name of Father, Abraham Schapiere

9. Father's Occupation,

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return M^r. C. Bernstein

Address 1136 Lombard St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth (6th), 1893

1. Sex, (~~state whether male or female~~)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 11th 1893

4. Place of Birth, (Street and Number)

No. 313 N. Chapel Street

5. Full Name of Mother,

Mrs. Annie R. Toffee

6. Mother's Maiden Name,

Mrs. Annie R. Steckrodt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Mr. Philip Toffee

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return

Mrs. H. C. Gaudin M. D.

Address,

1012 N. Broadway

Remarks,

of the parents, and the maiden name of the mother of such child or children."

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

14010

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 11th 1893.

4. Place of Birth, (Street and Number)

596 N. Pratt St.

5. Full Name of Mother

Mary F. Hopkinson.

6. Mother's Maiden Name

" " Walsh.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

J. T. Hopkinson.

9. Father's Occupation

Engineer.

10. Father's Birthplace

Baltimore.

Name of Medical Attendant,

or other Person who makes this Return.

A. G. Watts. M.D.

Address

283 N. Lombard St.

Remarks

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 11 1883

4. Place of Birth, (Street and Number)

No 393

West Pratt Baltimore
Lides Strass Palmer
Lides Strass Palmer

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany Grosseckbach Bayern
Matthias Palmer

8. Full Name of Father,

Poland Siquor Hove

9. Father's Occupation,

Father's Birthplace,

Germany Grosseckbach Bayern

Name of Medical Attendant, or other Person who makes this Return

Mrs Schlicher
No. 22 Columbia St

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: Annie Elizabeth Wermuth



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the person, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14012

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th, 1883

4. Place of Birth, (Street and Number) No 13 Steubing St,

5. Full Name of Mother, Bar Meyer

6. Mother's Maiden Name, " Schmidt

7. Mother's Birthplace, Bayern

8. Full Name of Father, Jacob Meyer

9. Father's Occupation, Laborer

10. Father's Birthplace, Bayern

Name of Medical Attendant, or other Person who makes this Return E. Schmitt

Address, No 558 Hum Ave

Remarks,

We are not to be used for the purpose of recording the names of children, and we are not to be used for the purpose of recording the names of children.

RETURN OF A BIRTH

64014

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 11.

4. Place of Birth, (Street and Number)

410 Stuckert St

5. Full Name of Mother,

Mary Zimmerman

6. Mother's Maiden Name,

Welch

7. Mother's Birthplace,

Fredericks Co Md

8. Full Name of Father,

John Zimmerman

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. H. Jones, M. D.

Address,

Remarks,

Printed and Published by the Registrar of Vital Statistics, Baltimore City.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, when required, except in the cases of the births and deaths of illegitimate children, and within ten days after the birth of such child, and in the case of the death of such child, the section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11th of June 1885*

4. Place of Birth, (Street and Number) *No. 9 West Street*

5. Full Name of Mother, *Anna Wolf*

6. Mother's Maiden Name, *Anne Sape*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Adam Sape*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Kunkel*

Address, *North Chapel St. per Justina Kunkel*

Remarks, *Healthy*

RETURN OF A BIRTH

64076

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th of June

4. Place of Birth, (Street and Number)

No 2 Grove St

5. Full Name of Mother,

Miss Lizzie Powers

6. Mother's Maiden Name,

Mrs Lizzie Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr Joseph Powers

9. Father's Occupation,

Driver a coal cart

10. Father's Birthplace,

New York Jersey

Name of Medical Attendant, or other Person who makes this Return

Mrs Wooden

Address,

120 Greenmount St

Remarks,

Of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

june 17th

4. Place of Birth, (Street and Number)

167 Howard St

5. Full Name of Mother,

Martha Johnson

6. Mother's Maiden Name,

Martha Roberts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joshua Johnson

9. Father's Occupation,

draman

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Lydia Porter

Address.

no 4 patheco avenue

Remarks.

healthy child

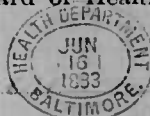
of the parents, and the maiden name of the mother of such child or children."

State, as to their proper education, whether illiterate or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64018

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11.7 June

4. Place of Birth, (Street and Number)

Camden Street one hundred

5. Full Name of Mother,

Mrs Mary G. Gentry

6. Mother's Maiden Name,

Mary Gentry

7. Mother's Birthplace,

St. Mary's County Md

8. Full Name of Father,

Mr George Gentry

9. Father's Occupation,

Blacksmith

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Schleifer

Address,

120 Columbia Ave

Remarks,

RETURN OF A BIRTH *64019*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *June 11th 83*
 4. Place of Birth, (Street and Number) *226 Biddle St.*
 5. Full Name of Mother, *Mattilda Wilkins*
 6. Mother's Maiden Name, *Mattilda Hatchel*
 7. Mother's Birthplace, *Id.*
 8. Full Name of Father, *William Wilkins*
 9. Father's Occupation, *Trimmer*
 10. Father's Birthplace, *Id.*
 Name of Medical Attendant, or other Person who makes this Return *J. G. Keller M.D.*
 Address, *188 Franklin*
 Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64620

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

June 11, 83
W. Worschington st. no. 93
Antoney Kutschenerster
Luzmann
Pohlen
Andrey Kutschenerster
Schlosser
Burgin
Mry Joh. Kutschener
W. Wallst No 14

of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

64021

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 11. B.

4. Place of Birth, (Street and Number)

Odensta No 356

5. Full Name of Mother

Mary Bester

6. Mother's Maiden Name,

Hohler

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Werkolung Bester

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. F. Bamber

Address,

W. Wall St. No 14

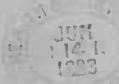
Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64022

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12th 18

4. Place of Birth, (Street and Number) Charles W. Allen

5. Full Name of Mother, Elizabeth Seesh

6. Mother's Maiden Name, Claus

7. Mother's Birthplace, U.S.

8. Full Name of Father, John J. Seesh

9. Father's Occupation, Restaurant Keeper

Father's Birthplace, U.S.

Name of Medical Attendant, or other Person who makes this Return, J. Barton Beebe M.D.

Address, 315 E. Charles St.

Remarks,

Within six days thereafter, mailing distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64020

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) _____
2. Race or Color (if not of the white race) _____
3. Date of Birth June 10th 1883.
4. Place of Birth (Street and Number) 10437 Hamburg St.
5. Full Name of Mother Catharine Baker.
6. Mother's Maiden Name Catharine Puntz.
7. Mother's Birthplace Pennsylvania.
8. Full Name of Father George Baker.
9. Father's Occupation Milk Business.
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andre M.D.
- Address No 12 E Balto st.
- Remarks _____

RETURN OF A BIRTH

64021

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

12 June

4. Place of Birth, (Street and Number)

212 Gough street

5. Full Name of Mother,

Sizzie Ringros

6. Mother's Maiden Name,

Shipper

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Ringros

9. Father's Occupation,

labourer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁶⁴⁰²⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

12th June 1883

4. Place of Birth, (Street and Number)

No. 18. Beals' Court.

5. Full Name of Mother,

Hester Jones.

6. Mother's Maiden Name,

Hester Roberts.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Keelson Jones.

9. Father's Occupation,

Wagon Driver for Morton D. Banks.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. E. Heard. M. D.

Address,

216 E. Monument St.

Remarks,

Long and tedious labour. Forceps
Delivered

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 12th 1883

4. Place of Birth, (Street and Number)

222 Saratoga St.

5. Full Name of Mother,

Sophia Moore

6. Mother's Maiden Name,

Otterbaugh

7. Mother's Birthplace,

Pittsburg Pa.

8. Full Name of Father,

Wm. M. Moore

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balta City

Name of Medical Attendant, or other Person who makes this Return

J. H. Christian M.D.
431 Penna. Ave.

Address,

Remarks,



RETURN OF A BIRTH

64027

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 12th 1880

4. Place of Birth, (Street and Number)

Central Ave

5. Full Name of Mother,

Henrietta Page

6. Mother's Maiden Name,

Bush

Baltimore Md

7. Mother's Birthplace,

8. Full Name of Father,

Wm. Page

Page

9. Father's Occupation,

Baltimore Md

10. Father's Birthplace,

M. B. Pillsbury

Name of Medical Attendant,

or other Person who makes this Return

236 E. Pratt St.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 12 1883

4. Place of Birth, (Street and Number)

112 N. E. - Fulton St 49

5. Full Name of Mother,

Esther Ann

6. Mother's Maiden Name,

Boyle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adrian Thomas

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Henry A. Allwell

Address, 286 N. Pennington St

Remarks,



within six days thereafter, showing distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *12 June 1883*
4. Place of Birth (Street and Number) *206 West Street*
5. Full Name of Mother *Mary E Lee*
6. Mother's Maiden Name *Mary E Pinder*
7. Mother's Birthplace *Dorchester Co. Md.*
8. Full Name of Father *John B. Lee*
9. Father's Occupation *Draman*
10. Father's Birthplace *Dorchester Co. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Riley*
- Address *24 Walker Street*
- Remarks

any person for an attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 12 1893

4. Place of Birth, (Street and Number)

11 E. Gannon St.

5. Full Name of Mother,

Kate M. Wright

6. Mother's Maiden Name,

Rosenbaum

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

George Wright

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Jones M.D.

Address,

182 E. Monument St.

Remarks,



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

14031

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth June 12th 1893
4. Place of Birth, (Street and Number) 785 St. Asial ave.
5. Full Name of Mother Lizzie Stanton
6. Mother's Maiden Name Stotman
7. Mother's Birthplace Balto. Md.
8. Full Name of Father Charles A. Stanton
9. Father's Occupation Laborer
10. Father's Birthplace Balto. Md.
Name of Medical Attendant, or other Person who makes this return. Annie Jones
Address 634 E. Light St.
Remarks _____

RETURN OF A BIRTH 4032

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June June 12th

4. Place of Birth, (Street and Number) 120 N. Stricker

5. Full Name of Mother, Mrs Mary E. Maris

6. Mother's Maiden Name, " " Dill

7. Mother's Birthplace, Balto.

8. Full Name of Father, Aschelle H. Maris

9. Father's Occupation, Car cleaner

10. Father's Birthplace, Balto.

Name of Medical Attendant, H F Hill MD
or other Person who makes this Return

Address, 1443 Franklin

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

4033

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 17th 1883

4. Place of Birth, (Street and Number)

My. Edgemoor Str
Caroline Knorr

6. Mother's Maiden Name,

Spasubach

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

James Knorr

9. Father's Occupation,

Telegraph Lineman

Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

W. S. L. M. M.

Address,

1000 E. 1st St

Remarks,

of the present, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d of 5th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Janv 13th*
4. Place of Birth, (Street and Number) *No 2245 Paca st*
5. Full Name of Mother, *Mary Linsmayer*
6. Mother's Maiden Name, *" Stengel*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Frank Linsmayer*
9. Father's Occupation, *milk dealer*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *J. C. Burch M.D.*
- Address, *151 Hanover st*
- Remarks,

With a view to ascertaining the date of birth, sex, and color of the child or child ren born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14035

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

June 12 1883

4. Place of Birth, (Street and Number)

Baltimore Ave 230

5. Full Name of Mother,

Miller Davis

6. Mother's Maiden Name,

Miller Rite

7. Mother's Birthplace,

West River

8. Full Name of Father,

Thomas Davis

9. Father's Occupation,

Driver

10. Father's Birthplace,

West River

Name of Medical Attendant, or other Person who makes this Return

John H. H. H. H.

Address,

No 238 Raleigh St

Remarks,

Born out from a full
and expected 12 lbs

14136

[illegible]

54

Male.

White

June 12th

144 S. W. G. 21

Mr. Annie's Religion

" Stokes

Baltimore

John Robinson

Labore.

Baltimore

or other Person who
makes this Return

no Mrs Goetzke

Ap 55. J. Bond st



RETURN OF A BIRTH

64037

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *12th of June*
4. Place of Birth, (Street and Number) *17 Federal St*
5. Full Name of Mother, *Sarah Ester Chalk*
6. Mother's Maiden Name, *Crosby*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Robert Chalk*
9. Father's Occupation, *Conductor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Charlotte Crosby*
- Address, *369 Cathedral St*
- Remarks,

RETURN OF A BIRTH

14038

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female) *9th male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *June 12th 1883*
4. Place of Birth, (Street and Number) *113 Eastern Ave*
5. Full Name of Mother, *Barbara Horst*
6. Mother's Maiden Name, *" Butchky*
7. Mother's Birthplace, *City*
8. Full Name of Father, *John Horst*
9. Father's Occupation, *Solemn Keeper*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Pro Elizabeth Bets*
- Address, *6120 Bank St*
- Remarks,

RETURN OF A BIRTH

14039

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

Colored Race

4. Date of Birth,

June 13 1883

5. Place of Birth, (Street and Number)

242 McDowell St

6. Full Name of Mother,

Felia Johnson

7. Mother's Maiden Name,

Felia Hendon

8. Mother's Birthplace,

St. Mary County

9. Full Name of Father,

Henry Johnson

10. Father's Occupation,

Stevedore

11. Father's Birthplace,

Talbert County

Name of Medical Attendant, or other Person who makes this Return

Lucinda Woodford

Address,

130 N. Register St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 64040

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 13. 1883

4. Place of Birth, (Street and Number) 1055 Battery Avenue Balt. Md.

5. Full Name of Mother, Sue Wright

6. Mother's Maiden Name, Sue Garvine

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Perry Wright

9. Father's Occupation, Engineer

10. Father's Birthplace, Delaware

Name of Medical Attendant, or other Person who makes this Return Mrs. Wash

Address, 107 Johnson St Balt. Md.

Remarks,

JUN
14
1883

At this point, no fee is taken from the mother or any child of children.

RETURN OF A BIRTH

14041

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child JUN 14 1913
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 13 June
 4. Place of Birth, (Street and Number) 164 Bathing St.
 5. Full Name of Mother, Jessie Alice Moffitt
 6. Mother's Maiden Name, Jessie Alice Neal
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John C. Moffitt
 9. Father's Occupation, Sturgeon
 10. Father's Birthplace, Philadelphia
 Name of Medical Attendant, or other Person who makes this Return Wm. Conway
 Address Delaware
 Remarks,

hereafter, stating distinctly the date of birth, the full name, nativity, and residence of the parents, and the maiden condition, whether still born or not, the full name, nativity, and residence of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- 14th
1. Sex (state whether male or female) male
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number) Marshall Ave
5. Full Name of Mother Larrah Tolson
6. Mother's Maiden Name " Sister
7. Mother's Birthplace Balto
8. Full Name of Father Frank Tolson
9. Father's Occupation Caretaker.
10. Father's Birthplace Balto
- Name of Medical Attendant, or other Person who makes this Return. Dr A Lewis
- Address 162 Hammond St
- Remarks

RETURN OF A BIRTH

64043

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 13

4. Place of Birth, (Street and Number)

17 N. 11th St Baltimore Md

5. Full Name of Mother,

Elizabeth Butler Conington

6. Mother's Maiden Name,

Elizabeth Butler

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Richard Conington

9. Father's Occupation,

labor

Father's Birthplace,

Smith Marys County Maryland

Name of Medical Attendant,

or other Person who makes this Return

Elizabeth Doyle

Address,

174 Stirling St

Remarks,

Child M.D.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14044

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth,

13 June

4. Place of Birth, (Street and Number)

92 O. peter street

5. Full Name of Mother,

Julia Droutwine

6. Mother's Maiden Name,

birch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Droutwine

9. Father's Occupation,

Barber

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 O. Lombard street

Remarks,

RETURN OF A BIRTH *boys*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4.*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

13 June

4. Place of Birth, (Street and Number)

163 E. den

5. Full Name of Mother,

Eda Siemann

6. Mother's Maiden Name,

Gessel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Siemann

9. Father's Occupation,

Painter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard street.

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or child.

RETURN OF A BIRTH.

64046

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth June 13. 83.
4. Place of Birth (Street and Number) 143 N. Broadway.
5. Full Name of Mother Sarah P. Mueller
6. Mother's Maiden Name Bender
7. Mother's Birthplace Leesburg, Va.
8. Full Name of Father Geo. C. Mueller
9. Father's Occupation Photographer.
10. Father's Birthplace Bavaria
Name of Medical Attendant, or other Person who makes this Return. John D. King, M.D.
Address 215 N. Carrollton Ave.
Remarks

RETURN OF A BIRTH, 14047

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth June 13 1893

4. Place of Birth, (Street and Number) 116 Franklin city

5. Full Name of Mother Katherine Coyne

6. Mother's Maiden Name Katherine Murphy

7. Mother's Birthplace Ireland

8. Full Name of Father William Coyne

9. Father's Occupation laborer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mary Connor 1893

Address Hollington Avenue

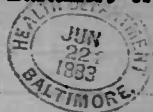
Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall be attended by a physician, or of a practitioner of midwifery, or should an other person be in attendance, immediately thereafter, it shall then become the duty of the parent or persons attending, to cause to be filled out, and to be signed by the parent, or persons attending, within the period above specified, except in the cases of the birth and death of children, and any person or persons failing to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, *Wens Aug 13th 1883*

4. Place of Birth, (Street and Number) *No 310 Bank st Baltimore*

5. Full Name of Mother, *Mrs Maggie Kelly*

6. Mother's Maiden Name, *Maggie Schaefer*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John Kelly*

9. Father's Occupation, *hostler*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*

Address, *4012 Patterson Park ab*

Remarks,

RETURN OF A BIRTH

14049

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 13th 1893

4. Place of Birth, (Street and Number)

N. W. Cor. Holland & Green Streets

5. Full Name of Mother,

Emma Gifford

6. Mother's Maiden Name,

Parker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Hugh Gifford

9. Father's Occupation,

Porter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. W. Blumr. M.D.

Address,

207 Eager Caroline Street

Remarks,

727850

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "JUN 19 1883" is stamped in three lines.

1. Sex, (state whether male or female) *Male*

3. Date of Birth, June 13th, 1883

5. Full Name of Mother, *Mrs. Louisa K. Mydler*

7. Mother's Birthplace, La, Hayne

9. Father's Occupation, Carpenter

Name of Medical Attendant, or other Person who makes this Return *Wm. J. G. E. 12 E.*

Remarks, _____

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person to be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents, such child to report its birth to the local health officer, in the manner, and within the period above mentioned, except in the cases of the births and deaths of illegitimate children, and in such cases the parent or parents shall be liable to a fine of five dollars for each offense. This section shall be subject to such amendments as shall hereafter be made, to be reviewed at other times and places as may be deemed advisable.

any person who shall secure without the attendance of a physician, or of a registered midwife, or should not have been in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the local health officer, in the manner, and within the period above required, except in the cases of the birth of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, which offence, in the case of illegitimate children, shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

13 June

4. Place of Birth, (Street and Number)

17 Bank street

5. Full Name of Mother,

Mattie Routh

6. Mother's Maiden Name,

Hiller

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Demas Routh

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who
makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,



21

RETURN OF A BIRTH, 64052

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth June 13th 1883

4. Place of Birth, (Street and Number) 107 Pratt St.

5. Full Name of Mother Mollie E. Wheeler

6. Mother's Maiden Name Chance

7. Mother's Birthplace Md

8. Full Name of Father Dr. A. Wheeler

9. Father's Occupation Engineer

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. R. C. Lee

Address 5 Hanover & Pratt St.

Remarks

Information, whether or not, the name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64003

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 13th 83

4. Place of Birth, (Street and Number)

260 Mulberry St.

5. Full Name of Mother,

Lucinda Roberts

6. Mother's Maiden Name,

Lucretia Brown

7. Mother's Birthplace,

MD

8. Full Name of Father,

Walter C. Robert

9. Father's Occupation,

Clk

10. Father's Birthplace,

Penna

Name of Medical Attendant, or other Person who makes this Return

J. Miller M.D.
188 Franklin

Address,

Remarks,

On this certificate, and the original name of the mother of such child or children.

RETURN OF A BIRTH

14054

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, 13 June

4. Place of Birth, (Street and Number) Harford road

5. Full Name of Mother, Catherine Dersch

6. Mother's Maiden Name, Catherine Brendel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Dersch

9. Father's Occupation, Carpenter

10. Father's Birthplace, Wartenboch Hesse

Name of Medical Attendant, or other Person who makes this Return Anna Walver 239

Address, E. Eager street.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 13th 1883

4. Place of Birth, (Street and Number)

242 Durham St

5. Full Name of Mother,

Barbara Engelhart

6. Mother's Maiden Name,

" Meyer

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Engelhart

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz
900 Bank St

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 13th 1883

4. Place of Birth, (Street and Number)

145 Choptank st

5. Full Name of Mother,

Mary Wilson

6. Mother's Maiden Name,

Bailey

7. Mother's Birthplace,

France

8. Full Name of Father,

Charles Wilson

9. Father's Occupation,

Commission merchant

10. Father's Birthplace,

Norway

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Baile

Address,

120 Bank St

Remarks,

In this column, state the name of the mother of such child or children.

RETURN OF A BIRTH 64057

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 13th 1883.

4. Place of Birth, (Street and Number)

260 Cross St.

5. Full Name of Mother,

Johanna Reidenger,
Burk.

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Philip Reidenger.

9. Father's Occupation,

Lump Dealer.

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall, M.D.
152 Sharp St.

Address,

Remarks,

On the birth of a child, the father, mother, or other person who makes this return, shall file a return of the birth of the child, and the name of the mother of such child or children.

RETURN OF A BIRTH

64058

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14th 1893

4. Place of Birth, (Street and Number) No 155 Mount St. Baltimore Ind.

5. Full Name of Mother, Rosina Johnson Morris

6. Mother's Maiden Name, " " Arnold

7. Mother's Birthplace, Baltimore Ind.

8. Full Name of Father, Arthur Newton Morris

9. Father's Occupation, Salesman

10. Father's Birthplace, Springfield Pa.

Name of Medical Attendant, or other Person who makes this Return Pembroke W. Noble M.D.

Address, No 205 W. Lombard St.

Remarks,

RETURN OF A BIRTH.

64059

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

African

3. Date of Birth

June 14. 1893.

4. Place of Birth (Street and Number)

45 Carlton St.

5. Full Name of Mother

Susan Perkins

6. Mother's Maiden Name

Slaughter.

7. Mother's Birthplace

Warrenton, Va.

8. Full Name of Father

Greenberry Perkins

9. Father's Occupation

Coachman.

10. Father's Birthplace

Eastern - ind.

Name of Medical Attendant, or other Person who makes this Return.

John T. King - M.D.

Address

215 N. Carrollton Ave

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fifth child
Male
Of the colored race
June 14th 1883
#60 Biddle City
Alice Hyrads
Hall
Baltimore
James Hyrads
Honorables
Baltimore
Marian Mason
37 Walnut alley
Sound and healthy

RETURN OF A BIRTH

64061

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 14

4. Place of Birth, (Street and Number)

211 Madison Ave

5. Full Name of Mother,

Christian Franklin
Ladd

6. Mother's Maiden Name,

7. Mother's Birthplace,

Connecticut

8. Full Name of Father,

Jabian Franklin

9. Father's Occupation,

Professor Mathematics

10. Father's Birthplace,

Andover

Name of Medical Attendant, or other Person who makes this Return

251 Med. Ave.

Address,

Remarks,

Instrumental assistance



On the left margin, write the full name of the mother of this child or children.

RETURN OF A BIRTH

64062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14 June 1883

1. Sex, (state whether male or female)

Miss Frederick John Stier

2. Race or Color, (if not of the white race)

White John Henry Johnally

3. Date of Birth,

1883 June 14

4. Place of Birth, (Street and Number)

1111 E. Laverne St. 15

5. Full Name of Mother,

Johnally

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64063

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

June 18 1883

4. Place of Birth, (Street and Number)

173 S Bethel St

5. Full Name of Mother

Baltimore

6. Mother's Maiden Name,

Mary Trigg

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Lucinda Wilford
130 Regester St

Address,

Remarks,

RETURN OF A BIRTH.

64064

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

June 14th

4. Place of Birth (Street and Number)

Balts. Welcome alley # 83.

5. Full Name of Mother

Annie Cornish

6. Mother's Maiden Name

Emma. Knok.

7. Mother's Birthplace

Accomac Co. Va.

8. Full Name of Father

Frank Cornish

9. Father's Occupation

Wagonman.

10. Father's Birthplace

Baltes City

Name of Medical Attendant,

or other Person who makes this Return.

Margaret Wilson

Address

116 York St.

Remarks

When the child is born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64068

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 14th

4. Place of Birth, (Street and Number)

61 Liberty St.

5. Full Name of Mother,

Margaret Ann Rothrock

6. Mother's Maiden Name,

Margaret A. Staylor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr. H. Rothrock

9. Father's Occupation,

Hydraulic Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

A. J. Pennington

Address,

No. 16 Cathedral St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 14th

4. Place of Birth, (Street and Number)

L. Vincent's Infant Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Bertha Talbot

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Sisters of Charity

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

June the 14th.

4. Place of Birth, (Street and Number)

13 Columbia Avenue.

5. Full Name of Mother,

Minna Kausche.

6. Mother's Maiden Name,

Minna Preshtel.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Carl Kausche.

9. Father's Occupation,

Salesman.

Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Schleifer.

Address,

20 Columbia Ave.

Remarks,

of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

64568

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male
White
June 14th 1893
252 York St
Amelia J. Cannon
" " Jane
Starford W.D.
Walter G. Cannon
Engineer
Baltimore
Theodore Cooke
per L. 13

FILED IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, JUNE 23 1893.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, and the child shall be born, then become the duty of the parent or parents of such child to report its birth to the Board of Health, and to file a statement of the birth of the child, in the form provided for that purpose, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for such offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 14th*

4. Place of Birth, (Street and Number) *No 284 Hoffman St*

5. Full Name of Mother, *Mrs Jennie Heuer*

6. Mother's Maiden Name, *" " Rosenick*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Fred Heuer*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs Goetzke*

Address, *No 35 S. Bond St*

Remarks,

Registration, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

64070

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-111

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 14th 1883

4. Place of Birth, (Street and Number)

200 Madison av.

5. Full Name of Mother

Laura V. Adams

6. Mother's Maiden Name

Dalger

7. Mother's Birthplace

Pratto.

8. Full Name of Father

Re. H. Adams

9. Father's Occupation

Shoe maker

10. Father's Birthplace

Pratto.

Name of Medical Attendant, or other Person who makes this Return.

N. C. Lee

Address

Harvard + Barnard

Remarks

RETURN OF A BIRTH 14071

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) ~~7~~ 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 14 June

4. Place of Birth, (Street and Number) 149 Central Ave

5. Full Name of Mother, Hannah Wolfe

6. Mother's Maiden Name, Franck

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Hamilton Wolfe

9. Father's Occupation, Clerk

10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa M. M. M.

Address, 41 Holland St

Remarks,

RETURN OF A BIRTH

64072

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 14th. 1883

4. Place of Birth, (Street and Number)

No 16 Cory St.

5. Full Name of Mother,

Delia Simpson

6. Mother's Maiden Name,

" Campbell

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

John Simpson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Eastern Shore.

Name of Medical Attendant, or other Person who makes this Return

M. A. B. W.

Address,

No 185 S. E. Cor. Central av. & Monument St.

Remarks,

All Well.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

June 14th. 1883

5. Place of Birth, (Street and Number)

No. 47 E. Biddle St.

6. Full Name of Mother,

Mary E. Pallison

7. Mother's Maiden Name,

Mary E. Masterman

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Rich. E. Pallison

10. Father's Occupation,

Printer

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. A. Butt

Address,

No. 155 E. 2nd cor. Centre av. & Monument St.

Remarks,

All Well

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

121074

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

June 14 1883

5. Place of Birth, (Street and Number)

165 Eastern Ave

6. Full Name of Mother,

Lina Cöplinger

7. Mother's Maiden Name,

Whick

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Fredrick Cöplinger

10. Father's Occupation,

Labourer

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Eastern Ave

Remarks,

Not for use by parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14070

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 11th

1883

4. Place of Birth, (Street and Number)

No 10. Stockden

5. Full Name of Mother

Lizzie Willet

6. Mother's Maiden Name,

Lizzie Bennett

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Emory Willet

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. M. M.

Address,

1 S. E. 11th St.

Remarks,

RETURN OF A BIRTH

64076

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th
Male

White

14th June

Loc. of Howard Hamburg St.

Augusta. Prof.

Augusta. Mische

Dr. Washington. D. C.

Mrs. Prof.

Fr. Germany.

Mrs. Catherine Munch.

1 S. D. M. St.

For this purpose, and the Registrar of Vital Statistics, Board of Health, Baltimore City, is authorized to receive and file such returns.

RETURN OF A BIRTH

64077

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, *June 14th 1883*
 4. Place of Birth, (Street and Number) *443 Canton Ave*
 5. Full Name of Mother, *Lizzie Zimmer*
 6. Mother's Maiden Name, *" Lang*
 7. Mother's Birthplace, *City*
 8. Full Name of Father, *Henry Zimmer*
 9. Father's Occupation, *Copper*
 10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Betts*
- Address, *420 Bank St*
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 14th 1883

4. Place of Birth, (Street and Number)

103 Spruce Alley

5. Full Name of Mother,

Kate Keller

6. Mother's Maiden Name,

Muldaony

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Keller

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth DeP

Address,

100 Bank St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64079

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 14. 83

4. Place of Birth, (Street and Number)

S. Schuppelstr No 69

5. Full Name of Mother,

Mary Anne Jones

6. Mother's Maiden Name,

Thurmer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew Jones

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. J. B. Baubach

Address,

S. Wallstr No 14

Remarks,

Print the name of the mother of such child or children.

[illegible]

Baltimore City

2 d

Male

14 Mile

14th of June

199 1/2 Columbia Rd

For Annie Mann;

11 Hamm.

Part Deposit

Yours I remain

Plumber

Baltimore

Mrs. Lebach

Wm Manns 199 Columbia St

Baltimore

Mid

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been lawfully qualified for the purpose, the parents or the person who has been lawfully qualified for the purpose, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. In case the birth of any child shall occur within the period above defined, except in the case of the births and deaths of illegitimate children, and any person or persons shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court, in case the birth of any child shall occur within the period above defined, except in the case of the births and deaths of illegitimate children, and any person or persons shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th of June 1893*

4. Place of Birth, (Street and Number) *411 Calverton Trail*

5. Full Name of Mother, *Emma Jensen*

6. Mother's Maiden Name, *Emma Jensen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Sam Franklin Jensen*

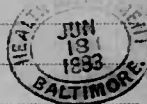
9. Father's Occupation, *Brick-layer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Jensen*

Address, *11 North Chapel St. for Justice to*

Remarks, *Healthy.*



RETURN OF A BIRTH, 64082

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

name of the mother of such child or children.

Male
June 15 1883
848 E. Machine St.
Mary Hayes
Kellum
Baltimore City MD
Patrick Hayes
Master, seaman
Ireland
Edward J. M.D. M.D.
St. Ann's St.

RETURN OF A BIRTH *64013*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 31

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 15 June

4. Place of Birth, (Street and Number)

No. Singemus Lane,

5. Full Name of Mother,

Barbara Hoffman

6. Mother's Maiden Name,

Barbara Mollen Moller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Moller

9. Father's Occupation,

M Leather

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Christina, Lane,

Remarks,

173, Hoffman,

1883

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

300

Male

White

June 15. 83

2250 Columbia Ave.

Katie Shabby

Hefnermeyer

Baltimore

Otto Shabby

Shoe maker.

Knickerbocker

Mary Roth

328 E. Euterpe St.

of the parents, and the maiden name of the mother of such child or children."

[illegible]

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "JUN 11 9 1883" is stamped, indicating the 11th day of June, 1883, at 9 o'clock.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 15th 1900

5. Full Name of Mother, Miss Lizzie Mitty

6. Mother's Maiden Name, Joseph

7. *Mother's Birthplace,*

8. Full Name of Father, *W. C. Ho.*

9. Father's Occupation, Brass Fitter

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, No. 55, S. Bond St

Remarks.

ALL CITY PRINTERS AND STATIONERS

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64086

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second* 2
1. Sex (state whether Male or Female) *Male* M-
2. Race or Color (if not of the white race) *White* W
3. Date of Birth *June 15th* 15
4. Place of Birth (Street and Number) *283 Angell St.* 283
5. Full Name of Mother *Julia J. Jacobs* Julia J.
6. Mother's Maiden Name *" " Willmer* Willmer
7. Mother's Birthplace *Pennsylvania* Pa.
8. Full Name of Father *Andrew Jacobs*
9. Father's Occupation *Officer U.S. Cavalry*
10. Father's Birthplace *Germany* German
- Name of Medical Attendant, or other Person who makes this Return. *Silas Baldwin*
- Address *152 Fremont St.*
- Remarks

RETURN OF A BIRTH

64087

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *15th of June*
4. Place of Birth, (Street and Number) *168 Bteeling st.*
5. Full Name of Mother, *Martha Berry*
6. Mother's Maiden Name, *Martha Correll*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Albert Perry*
9. Father's Occupation, *Master*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary Walter*
- Address, *125 N. Caroline St.*
- Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence name of the mother of such child or children.

RETURN OF A BIRTH.

64088

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 15th 1883*
4. Place of Birth (Street and Number) *17 E. Lombard Street*
5. Full Name of Mother *Minnie Long*
6. Mother's Maiden Name *Minnie Ryerbohn*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *Francis Long*
9. Father's Occupation *various*
10. Father's Birthplace *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return. *James C. Whitford M.D.*
Address *195 Seventh Street*
Remarks

DATE MADE NOTED 4-27-88
RETURN OF A BIRTH 64089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Franklin Gernhardt Jackson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



White
June 15th 1883
Robert D
Gernhardt Jackson
Unmarried
Robert D Jackson
Color
Detroit Michigan
Dr. V. C. ...
389 W. ...

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64090

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
Fri 15th June
Balto Md 286 Cross st

Matilda Brandhoff
Balto Md
John Brandhoff
Bottle Blower
Balto Md

Dr. M. W. M. M. M.
1 S. E. 1st St.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64091

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY..



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth 16 June
4. Place of Birth (Street and Number) Balto. 16 June
253
5. Full Name of Mother Henriette Daves
6. Mother's Maiden Name Henriette Wilson
7. Mother's Birthplace Kent island
8. Full Name of Father William T. Daves
9. Father's Occupation Baker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. Minty Wilson
- Address 214 Hughes St. 4 light
and Charles
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64092

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Color
3. Date of Birth June 15
4. Place of Birth (Street and Number) 93 Calvary St.
5. Full Name of Mother Annice R. Pearce
6. Mother's Maiden Name Annice R. Cooper.
7. Mother's Birthplace Baltimore
8. Full Name of Father James H. Pearce
9. Father's Occupation Doctor on Sleeping Cars.
10. Father's Birthplace Hent County
- Name of Medical Attendant, or other Person who makes this Return. Gene Baker. Midwife.
- Address 66 Eider Alley.
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64093

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 15th (5 1/2 A.M.) 1893*
4. Place of Birth (Street and Number) *239 Bolton Street*
5. Full Name of Mother *Lucetta Elliott Green*
6. Mother's Maiden Name *" "*
7. Mother's Birthplace *Elliott City, Md.*
8. Full Name of Father *Charles Henry Green*
9. Father's Occupation *Hardware Merchant*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Carey Thomas M.D.*
- Address *317 Madison Ave.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64094

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (~~if not of the white race~~)
3. Date of Birth 15 June 83
4. Place of Birth (Street and Number) 275 Mosker St.
5. Full Name of Mother Alice B. Nightman
6. Mother's Maiden Name Dond
7. Mother's Birthplace Balto.
8. Full Name of Father George Nightman
9. Father's Occupation Clerk
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return. H. W. Oving
- Address 364 Madison Ave
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 15th 1883

4. Place of Birth, (Street and Number)

202 E. Townsend St.

5. Full Name of Mother,

Mrs. Thomas

6. Mother's Maiden Name,

Lyons

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Thomas

9. Father's Occupation,

Boiler maker

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Anna Hillegast

Address,

182 E. Monument St.

Remarks,



It shall be the duty of the parent or person who has charge of the child to report its birth to the Board of Health, in the manner, and within the period above required, and to comply with the regulations of the Board, and to cause the child to be registered, and to be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

64096

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 15th June

4. Place of Birth, (Street and Number) 186 South Howard st.

5. Full Name of Mother, Camilla Thedy

6. Mother's Maiden Name, Camilla Paraway

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, James W. Moody

9. Father's Occupation, Drayman

Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Address, 120 12th St. N. W.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

3d
female
white
15th June 1893
11 Church St
Mary A Mitchell
Lodge
Baltimore
Mrs. Mitchell
Boatman
Baltimore
A. M. Dodge

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 15th

4. Place of Birth, (Street and Number) Front St. No 6

5. Full Name of Mother, Mrs. Correy Gibbs

6. Mother's Maiden Name, Miss. Garry Jackson

7. Mother's Birthplace, Washington

8. Full Name of Father, William Gibbs

9. Father's Occupation, Cook

Father's Birthplace, King George County Va

Name of Medical Attendant, or other Person who makes this Return Mrs. Charity Jones

Address, No 40. Grandview

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



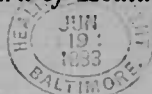
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *were the 12 of June 11 Child*
1. Sex (state whether Male or Female) *Female Child*
2. Race or Color (if not of the white race) *White*
3. Date of Birth
4. Place of Birth (Street and Number) *Colt. Tract No 6.*
5. Full Name of Mother *Louisa Russell*
6. Mother's Maiden Name *Louisa Bishop*
7. Mother's Birthplace *Dover State B*
8. Full Name of Father *John Russell*
9. Father's Occupation *Board Broker*
10. Father's Birthplace *Charmany*
- Name of Medical Attendant, or other Person who makes this Return. *Mary Ann*
- Address *No 60 Parrish St*
- Remarks *Child and Mother is doing well*

RETURN OF A BIRTH.

64100

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 16th 1883
4. Place of Birth (Street and Number) Baltimore China St no 13
5. Full Name of Mother Annie Howard
6. Mother's Maiden Name Annie Hardy
7. Mother's Birthplace Baltimore
8. Full Name of Father Rufus Howard
9. Father's Occupation Driver
10. Father's Birthplace Eastern Shore Md
- Name of Medical Attendant, or other Person who makes this Return.
- Address
- Remarks Mrs Francis Hardy

thereafter, stating distinctly the name of birth, sex, an color of the child or children born, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64101

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

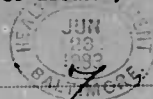


of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 16th 1885*
 4. Place of Birth, (Street and Number) *No 152 Barrs St.*
 5. Full Name of Mother, *Isabel C Beebe*
 6. Mother's Maiden Name, *Isabel C McNamely*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Henry C Beebe*
 9. Father's Occupation, *Bookbinder*
 Father's Birthplace, *Norfolk Va*
 Name of Medical Attendant, or other Person who makes this Return *Mrs Schleifer*
 Address,
 Remarks,

RETURN OF A BIRTH 64102

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 of June

4. Place of Birth, (Street and Number)

463 2

Baratoga street

5. Full Name of Mother,

Florence E. Ormrod

6. Mother's Maiden Name,

F. E. Stewart

7. Mother's Birthplace,

Bolton

8. Full Name of Father,

J. W. Ormrod

9. Father's Occupation,

Shoe-cutter

10. Father's Birthplace,

city

Name of Medical Attendant, or other Person who makes this Return

Address

Mary A. Sedley

Remarks

of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64103

114,
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) M
2. Race or Color (if not of the white race) _____
3. Date of Birth June 16th 1883
4. Place of Birth (Street and Number) N.E. Cor. Exeter & Nelson Street
5. Full Name of Mother Mary Emory
6. Mother's Maiden Name Mary Magan
7. Mother's Birthplace Balto Md
8. Full Name of Father C. J. Emory
9. Father's Occupation Clerk
10. Father's Birthplace Balto Md
- Name of Medical Attendant, or other Person who makes this Return. Chas. M. Norf. Huns
- Address 67 E. Balto St
- Remarks At. Labor.

Within six days thereafter, sending distinctly to one of the following, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 16 th 1883.
4. Place of Birth (Street and Number)	280 N. Lombard st.
5. Full Name of Mother	Sallie E. Vanhousen.
6. Mother's Maiden Name	Sallie E. Krager.
7. Mother's Birthplace	280 N. Lombard st.
8. Full Name of Father	John W. Vanhousen.
9. Father's Occupation	Merchants Policy
10. Father's Birthplace	Green River N.Y.
Name of Medical Attendant, or other Person who makes this Return.	John V. Pennington M.D.
Address	134 N. Carrollton Av.
Remarks	

RETURN OF A BIRTH *64105*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2nd child

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

16th June 1883

4. Place of Birth, (Street and Number)

254 German St.

5. Full Name of Mother,

Lavina Payne

6. Mother's Maiden Name,

Lavina Bailey

7. Mother's Birthplace,

Northumberland Co. Va.

8. Full Name of Father,

Jeremiah Payne

9. Father's Occupation,

waiter

10. Father's Birthplace,

Northumberland Co. Va.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Pembroke

Address,

Remarks,

*Miss Mary Primrose
1684 Dover Street*

Red ink

of the parent, and the maiden name of the mother of such child or children."

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 16th. 1883.*
4. Place of Birth, (Street and Number) *No. 118 Sterling St.*
5. Full Name of Mother, *Lewisa Albert*
6. Mother's Maiden Name, *Lewisa Rucha*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Ernst A. Albert*
9. Father's Occupation, *Blacksmith.*
Father's Birthplace, *Germany.*
Name of Medical Attendant, or other Person who makes this Return *M. A. Pratt.*
Address, *No. 185. LE av. Central av. & Monument st.*
Remarks, *All well*

RETURN OF A BIRTH

64107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

June 16 1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 4 1883

4. Place of Birth, (Street and Number)

534 Light St

5. Full Name of Mother,

Ellen Auel

6. Mother's Maiden Name,

Ellen Richard

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Adam Auel

9. Father's Occupation,

Shoemaker

Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Münch

Address,

1 Secorduff St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64108

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *sixth. C.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 16*

4. Place of Birth, (Street and Number) *115 1st St. No.*

5. Full Name of Mother, *Maria Wellmer*

6. Mother's Maiden Name, *Maria Voss*

7. Mother's Birthplace, *Lenzen a. d. Elbe, Preussen, Germany*

8. Full Name of Father, *William Wellmer*

9. Father's Occupation, *Brewmaster*

10. Father's Birthplace, *Lenzen a. d. Elbe, Preussen, Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. H. H. H.*

Address, *1 Lenzen a. d. Elbe*

Remarks,

RETURN OF A BIRTH

64109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 16 1883*

4. Place of Birth, (Street and Number) *14 George St*

5. Full Name of Mother, *Ella Craig*

6. Mother's Maiden Name, *gill*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *John Bryan*

9. Father's Occupation, *Police Officer*

Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Mrs A. M. M. M. M.*

Address, *3-25 Poma St*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14110

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 16 1883

4. Place of Birth, (Street and Number) 120 Rock St.

5. Full Name of Mother, Carrie Reading

6. Mother's Maiden Name, Carrie Schlegel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Reading

9. Father's Occupation, cigar maker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. A. Wisniewski

Address,

545 Penna Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report to the Board of Health, in the manner and within the period above prescribed, the name of the mother, the name of the child, the date of birth, the sex, the color, the place of birth, the full name of the father, the father's occupation, and the father's birthplace. Any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 June

4. Place of Birth, (Street and Number) 33 West Baltimore street

5. Full Name of Mother, Ella Ebenhack

6. Mother's Maiden Name, St offmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christopher Ebenhack

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

RETURN OF A BIRTH

4112

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

June 17

4. Place of Birth, (Street and Number)

No 7 Col St

5. Full Name of Mother,

Maegret Miller

6. Mother's Maiden Name,

Maegret Thompson

7. Mother's Birthplace,

Baltimore, Md. D.

8. Full Name of Father,

Robert Miller

9. Father's Occupation,

Traboe

10. Father's Birthplace,

Baltimore, Md. D.

Name of Medical Attendant, or other Person who makes this Return

Koraner

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH, 14113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth June 18 1893

4. Place of Birth, (Street and Number) 31 Charles Street

5. Full Name of Mother Laura Roberts

6. Mother's Maiden Name Laura Williams

7. Mother's Birthplace Baltimore City

8. Full Name of Father Richard Roberts

9. Father's Occupation list mtr

10. Father's Birthplace Baltimore City

Name of Medical Attendant,

or other Person who makes this Return.

Mary Connor

Address 153 Collingwood Avenue

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 17. day of June

4. Place of Birth, (Street and Number) 10 Willmore st.

5. Full Name of Mother, Harriet Johnson

6. Mother's Maiden Name, Harriet Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Oliver Johnson

9. Father's Occupation, labor

Father's Birthplace, Baltimore CO

Name of Medical Attendant, Dr. [illegible] or other Person who makes this Return

Address, No. 2 Willmore st.

Remarks, Mary Oliver

of the parents, and the maiden name of the mother of such child or children."

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child, to have the birth of the child registered in the Board of Health, in the manner, and to a time of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



6th Child
Female

June 17th 1893

No 328 Hanover St.

Wilhelmine Plitt

Heunigau

August Plitt

Storekeeper

both from America.

J. Schepasser midwife
330 Hanover St.

44116
Alabama City

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JUN 22 1883" is stamped in a bold, sans-serif font. The stamp is slightly faded and shows some wear.

any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any person be in at midwifery, it shall then become the duty of the person so attending to report to the health officer, in the manner, and within the period, and at the place, required, except in the case of the birth and death of illegitimate children, and shall be liable to a fine of not more than \$100, if he or she shall be guilty of such offense, to be recovered as with other fines and penalties are recoverable.

- Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley
Address No 12 Patterson Park av
Remarks.

64117

HEAT
JUN
23
1883
BALTIMORE.

4th Child
Female

Female

June 18 — 1888

237 s. Sharp st.

Elise Eichhorst.

Hildebrandt

Germany.

William, Eichhorst.

Carpenter

Germany.

S. Schwarzer medea

330 Hannover St.

Targeted to be completed by 12/31/2001

CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH

74118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

June 7, 1893

4. Place of Birth, (Street and Number)

45 Hill St. Flr.

5. Full Name of Mother,

Mary Boston

6. Mother's Maiden Name,

Mary Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

G. Boston

9. Father's Occupation,

White Washer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dwight M. Mason

Address,

447 S. Guilford St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64119

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4.

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 17.

4. Place of Birth, (Street and Number)

Humbart St

5. Full Name of Mother,

Carre Stokes

6. Mother's Maiden Name,

Carre Burke

7. Mother's Birthplace,

Cannock

8. Full Name of Father,

Thomas Stokes

9. Father's Occupation,

Labara

10. Father's Birthplace,

North Caroline

Name of Medical Attendant, or other Person who makes this Return

Mrs Abagge Ettel

Address,

N. 13 Cuba St

Remarks,

Baltimore

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 17 4 83

4. Place of Birth, (Street and Number)

188 Hooker

5. Full Name of Mother,

Eliz Regene

6. Mother's Maiden Name,

Schneider

7. Mother's Birthplace,

Polka

8. Full Name of Father,

John Regene

9. Father's Occupation,

Gray Sinner

Father's Birthplace,

Polka

Name of Medical Attendant, or other Person who makes this Return

Mary Kroh

Address,

308 E. Euterod

Remarks,

of the parent, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the hidden name of the mother of such child or children.

RETURN OF A BIRTH.

64121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 1600 Wilmore Alley Baltimore City June 6
4. Place of Birth (Street and Number) 1600 Wilmore Alley
5. Full Name of Mother Mary Lucania Williams
6. Mother's Maiden Name Mary S. Howard
7. Mother's Birthplace Baltimore County Maryland
8. Full Name of Father Reynolds Francis Howard
9. Father's Occupation Porter
10. Father's Birthplace Easton Shore
- Name of Medical Attendant, or other Person who makes this Return. Jane Richer Old Wife
- Address 44 Elder Alley
- Remarks Healthy

born, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 June

4. Place of Birth, (Street and Number)

185 S. High

5. Full Name of Mother,

Sarah S herden

6. Mother's Maiden Name,

Wealch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jim S herden

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72. E. Lombard street

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64123

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, dec.) 5.

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 June

4. Place of Birth, (Street and Number)

51 S. President street

5. Full Name of Mother,

Mary Smith

6. Mother's Maiden Name,

Grupp

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Smith

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64124

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 of June 1893

4. Place of Birth, (Street and Number) No 69 Bathing Ave

5. Full Name of Mother, Lizzie Hoff

6. Mother's Maiden Name, Lizzie Long der

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hoff

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina L. Bachhuber

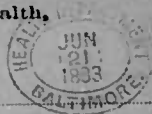
Address, No 128 West St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

june -16-

4. Place of Birth, (Street and Number)

Baltimore penn alley nos 9

5. Full Name of Mother,

Mary Lanker

6. Mother's Maiden Name,

Mary West

7. Mother's Birthplace,

affred Lanker

8. Full Name of Father,

Labor

9. Father's Occupation,

Norfolk county

Father's Birthplace,

Fannie Snowden

Name of Medical Attendant, or other Person who makes this return

60 Sarah annet

Address,

Remarks,

Part of this form and the said certificate shall be delivered, duly signed by the registrars, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified, the said certificate shall be signed by the said physician, or practitioner of midwifery, or nurse, or by the person who attended the birth of the child, in the manner, and to the effect, provided in this section. In case the birth of any child shall occur without the attendance of any person or persons, the said certificate shall be signed by the registrars, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 16th 1883

4. Place of Birth, (Street and Number)

No. 238 Baltimore av

5. Full Name of Mother,

Mary Bahlman

6. Mother's Maiden Name,

Zwiesler

7. Mother's Birthplace,

America

8. Full Name of Father,

Henry Bahlman

9. Father's Occupation,

laborer

10. Father's Birthplace,

America

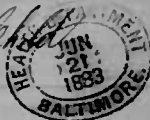
Name of Medical Attendant, or other Person who makes this Return

J. Schwager midwife

Address,

330 Hancock st.

Remarks,



pieces of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, the mother, or the father, or the person who has charge of the child, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16th June 1883

4. Place of Birth, (Street and Number)

42 Belmont St Baltimore Co.

5. Full Name of Mother,

Mary Dora Thitchins

6. Mother's Maiden Name,

" " Zimmerman

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Harry Clifford Thitchins

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this return

Mrs Wiley

Address, No 12 Patterson Park. av

Remarks,



NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH, 64128

Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of Mother, (state whether 1st, 2d, 3d, &c.) 2d
whether male or female female
Color, (if not of the white race) white race
Birth June the 16
Birth, (Street and Number) Baltimore Charles St No 526
of Mother Ann Wirmjire
Maiden Name Lewis
Birthplace Baltimore
of Father William Wirmjire
Occupation shoe maker
Birthplace Germany
Medical Attendant, or other Person who makes this Return. Elisabeth Hathorn
William St No 344

RETURN OF A BIRTH.

64129

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 16th 1883

4. Place of Birth (Street and Number)

207 Pruetman St

5. Full Name of Mother

Emma Jones

6. Mother's Maiden Name

Emma Richardson

7. Mother's Birthplace

Mayland Queen Anne's

8. Full Name of Father

William F Jones

9. Father's Occupation

Painter

10. Father's Birthplace

Wktn Md

Name of Medical Attendant, or other Person who makes this Return

M Hammond M D

Address

64 N Paca St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *June 16th 1883.*

4. Place of Birth, (Street and Number) *368 N. Fremont Street Baltimore*

5. Full Name of Mother, *Kate Cook Peutz.*

6. Mother's Maiden Name, *Matthews.*

7. Mother's Birthplace, *Elizabeth City North Carolina.*

8. Full Name of Father, *Thomas Murphy Peutz.*

9. Father's Occupation, *Iron.*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *Harvey L. Byrd, M.D.*

Address, *127 N. Lexington St. Baltimore.*

Remarks, *Delivered by natural labor of 8 hours duration.
Mother & child progressing nicely.*



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

name, railway, an residence
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

4121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: Jennie Hammond

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 17th 1883

4. Place of Birth, (Street and Number)

No 28 Heath St

5. Full Name of Mother,

Annie Hammond

6. Mother's Maiden Name,

Annie Dillehunt

7. Mother's Birthplace,

Balt city md

8. Full Name of Father,

Robert Hammond

9. Father's Occupation,

Teamster

10. Father's Birthplace,

Balt city md

Name of Medical Attendant,

or other Person who makes this Return

C. Hinton

Address,

No 636 S Charles St

Remarks,

111
64132
Baltimore City.
HEALTH DEPARTMENT
JUN
1192
1283
BALTIMORE.

[illegible]

1. Sex, (~~state whether male or female~~)

3. *Date of Birth.*

June 17th / 83.
273. Mass. B. & M.

Alfred Bismarck

Henry Brenner.

Balt. City.

Acct. G. Birds manged,

Merchant, J.

Balt. City

John D. Fitzgerald
275 Lexington St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64133

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17th June 1883

4. Place of Birth, (Street and Number) 201 Gilman's Lane

5. Full Name of Mother, Josephine Ackerman

6. Mother's Maiden Name, Helton

7. Mother's Birthplace, West Brunswick N.J.

8. Full Name of Father, John H. Ackerman

9. Father's Occupation, Salesman

10. Father's Birthplace, West Brunswick N.J.

Name of Medical Attendant, or other Person who makes this Return

Mike Warren

Address,

Shucke, & Son

Remarks,

REGISTRAR, stating distinctly the name of child, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 17 9:55 A.M. 1893*
4. Place of Birth (Street and Number) *450 E. Fayette St.*
5. Full Name of Mother *Emma Griffin*
6. Mother's Maiden Name *Emma Bell*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Richard J. Griffin*
9. Father's Occupation *Real Estate Conveyancer*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Donville M.D.*
- Address *299 E. Baltimore St.*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name, Edward Schafer

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18th June 1883

4. Place of Birth, (Street and Number) No 257 Hamburg St

5. Full Name of Mother, Lizzie Schafer

6. Mother's Maiden Name, Lizzie Goulet

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schafer

9. Father's Occupation, Carver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Lillian Gruchala

Address, No 128 West St

Remarks,



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *64136*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. *June 19th 1883*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *June 18th 1883.*

4. Place of Birth, (Street and Number) *237 Alice Ann St.*

5. Full Name of Mother. *Getraud Schoener.*

6. Mother's Maiden Name. *Getraud Meinschein.*

7. Mother's Birthplace, *Germany.*

8. Full Name of Father, *Peter Schoener.*

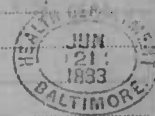
9. Father's Occupation, *Iron Store.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend.*

Address, *No. 137 D. Wolfe St.*

Remarks, *CPS*



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. June 19th 1893



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 18th 1893

4. Place of Birth, (Street and Number) 29 California Hill

5. Full Name of Mother, Mary Michelmann

6. Mother's Maiden Name, Mary Ling

7. Mother's Birthplace, America

8. Full Name of Father, William Michelmann

9. Father's Occupation, Carpenter

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amund

Address, No. 137, S. Wolfe St.

Remarks, 27/2

Return for their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64138

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 18th 1883

4. Place of Birth (Street and Number)

22 1/2 E 3rd ave

5. Full Name of Mother

Christina Groot

6. Mother's Maiden Name

Larsen

7. Mother's Birthplace

Sweden

8. Full Name of Father

Jon Groot

9. Father's Occupation

Shoe Merchant

10. Father's Birthplace

Norway

Name of Medical Attendant, or other Person who makes this Return.

Geo. P. Reynolds

Address

Remarks

State the day's entrance, stating distinctly the date of birth, sex, and color of the child or children born. If or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

born, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64129

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 18th

4. Place of Birth, (Street and Number)

St. Vincent's Infant Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Catherine Smith

7. Mother's Birthplace,

Me

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Sister of charity

Address,

Remarks,

A circular library stamp from the Health Department, Baltimore. The text "HEALTH DEPT." is curved along the top inner edge, and "BALTIMORE." is curved along the bottom inner edge. In the center, the date "JUN 22 1893" is stamped.

[illegible]

girl (

He is

11. 12. 13.

June, 185

1867

Mrs. F. A. Miller

Diurnal

Baltimore

11m 40i

..... Captain

Bishop's Chapel

Mrs Wiley

Remarks:

RETURN OF A BIRTH.

64141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 18th 1883 =

4. Place of Birth (Street and Number)

345 Laurel St;

5. Full Name of Mother

Elona M. Gillingham

6. Mother's Maiden Name

" " Coffey

7. Mother's Birthplace

Caroline Co.; Maryland.

8. Full Name of Father

Christopher R. Gillingham

9. Father's Occupation

Cashier - Boston St. Ship Co.

10. Father's Birthplace

Baltimore, Maryland

Name of Medical Attendant, or other Person who makes this Return.

M. J. B. Billman M.D.

Address

Parrollton Ave; & Laurel St;

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15th of June

4. Place of Birth, (Street and Number)

231 North Eden Street

5. Full Name of Mother,

Susan Grace Smith

6. Mother's Maiden Name,

" " Webster

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nathan Smith

9. Father's Occupation,

Engineer

10. Father's Birthplace,

North Carolina

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Isabella Oliver

Address,

153rd N. Eden St.

Remarks,

Registrar, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64143

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 13th 1893

4. Place of Birth (Street and Number) 4 Henriette St.

5. Full Name of Mother Mary Drake

6. Mother's Maiden Name Mary Ruffin

7. Mother's Birthplace Baltimore

8. Full Name of Father Alvin Drake

9. Father's Occupation Blacksmith

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

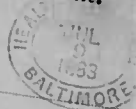
Mary R. Caskey

Address 1341 Hamburg St.

Remarks Living Well

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

6. 18. 83

294. Apple Ave

Ede Robinson

Baker

Balto

Geo L Robinson

Will Eastman

349 West N

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 18 1883

4. Place of Birth, (Street and Number)

Lombard St No 543

5. Full Name of Mother,

Annie E. Cause

6. Mother's Maiden Name,

Annie Leabe

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

E. L. Lumsden

Address,

No 527 West Lombard St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *18 June 1883*
4. Place of Birth, (Street and Number) *9d Mulberry st*
5. Full Name of Mother, *Emma Banister*
6. Mother's Maiden Name, *Emma Boston*
7. Mother's Birthplace, *annapolis*
8. Full Name of Father, *James Banister*
9. Father's Occupation, *labor.*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Charity Jones
40 Gravel alley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Baltm June 1



1. Sex, (state whether male or female)

Color Boy

2. Race or Color, (if not of the white race)

Baltm June 18 93

3. Date of Birth,

Pierce Street No 173

4. Place of Birth, (Street and Number)

Sarah Rebecca Sheridan

5. Full Name of Mother,

Sarah Rebecca Newman

6. Mother's Maiden Name,

Baltm City

7. Mother's Birthplace,

George Henry Sheridan

8. Full Name of Father,

Ship Builder

9. Father's Occupation,

Towson town Balt County

10. Father's Birthplace,

Lucia Kornish

Name of Medical Attendant, or other Person who makes this Return

Towson Alley No 13

Address,

Remarks,

When, or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 64148

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) L

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 18 4 June 83

4. Place of Birth, (Street and Number)

39 West St

5. Full Name of Mother,

Lsa Wright

6. Mother's Maiden Name,

" Maria

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Thom Wright

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

May H. H.

Address,

308 S. Euter St

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 18th 93

4. Place of Birth, (Street and Number)

300 Cross St.

5. Full Name of Mother,

Maria Schucka

6. Mother's Maiden Name,

Breuer

7. Mother's Birthplace,

Hamburg, Germany

8. Full Name of Father,

Carpenter

9. Father's Occupation,

10. Father's Birthplace:

Hamburg, Germany

Name of Medical Attendant, or other Person who makes this Return

May Kroh

Address,

328 E. Eubank St.

Remarks,

Signature, name, or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Missing

64150

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

64151

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd,

1. Sex (state whether Male or Female)

: Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 18th

4. Place of Birth (Street and Number)

N. W. Cor. Bond & Lombard sts.

5. Full Name of Mother

Mary Ann V. Irvain

6. Mother's Maiden Name

Margaret V. Gray

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Edw. Irvain

9. Father's Occupation

grocer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

John G. Monahan M.D.

Address

E. W. Cor. Calvert & R.

Remarks

A circular ink stamp from the Baltimore Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center, the date "JUN 29 1883" is stamped.

At the time of the birth, and the said schedule shall be delivered, duly signed by the undersigned, in the form of a certificate, between the first and third day of each and every month, to the lowest of the following: (1) the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery or of any other person he or she in evidence upon the birth to the Board of Health, in the manner and to the satisfaction of the board, except in the case of the birth of and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than \$100 nor more than \$500, and such offense, to be recovered as other fines and penalties are recoverable.

Remarks: _____

or other Person who makes this Return

RETURN OF A BIRTH *64152*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Date of Birth,

June 18 1883

Place of Birth, (Street and Number)

286 Orleans St.

Full Name of Mother,

Mary Maxwell

Mother's Maiden Name,

J. Watson

Mother's Birthplace,

Baltimore

Full Name of Father,

Samuel R. Maxwell

Father's Occupation,

Carpenter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary ed. Caldwell

Address, *286 W. Donagh St.*

Remarks,

born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

Learn, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 18/83

4. Place of Birth, (Street and Number)

444 Canton Ave

5. Full Name of Mother,

Matilda Minde

6. Mother's Maiden Name,

Sommer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Emil Minde

9. Father's Occupation,

Laborer

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Cross

Address,

236 Canton Ave

Remarks,

born, is or has physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 64155

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

June 18. 83
C. Annetta 172
Anna Tanager
Humbert
Balt.
John Tanager
Laborer
Balt.

Mrs. John Kinsbach
L. Walpsta No. 14

born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14156

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19 of June 1892

4. Place of Birth, (Street and Number)

No 203 West St

5. Full Name of Mother,

Mary Resklin

6. Mother's Maiden Name,

Mary Ripberger

7. Mother's Birthplace,

Byron

8. Full Name of Father,

Andrew Resklin

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Byron

Name of Medical Attendant,

or other Person who makes this Return

John A. Grantham

Address,

No 128 West St

Remarks,

Feb 15/7

any child and shall be sent to the hospital immediately after the birth of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, at the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person duly qualified to attend the mother, immediately after the birth of the child, the mother, and the father, and the practitioner, if any, shall be liable to a fine of ten dollars for each offender, and shall be subject to a prison term of not more than thirty days, or to both such fine and imprisonment, and shall be liable to a fine of ten dollars for each offender, to be recovered as other fines and penalties are recoverable.

1st

Male.

W. H. C.

June 19th 883

454 Madison Ave.

Agnes Mc Cormick

Agnes Selden

Virginia

Thomas P. McCormick

Physician

Louisiana

or other Person who
makes this Return

T. P. McCormick

No 454 Madison Ave.

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPT. BALTIMORE." in capital letters. In the center of the stamp, the date "JUN 21 1833" is stamped in a bold, sans-serif font. The stamp is slightly faded and shows some wear.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 19th

4. Place of Birth, (Street and Number)

307 Mullerroy St.

5. Full Name of Mother,

Anna Kelly

6. Mother's Maiden Name,

Anna McCarthy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Kelly

9. Father's Occupation,

Miner

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Smith

Address,

10 E. Cathedral St.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 19. 1888

4. Place of Birth, (Street and Number)

Bowen St. No. 8.

5. Full Name of Mother,

Williamena Lossa.

6. Mother's Maiden Name,

Williamena Baier.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Theodor Lossa

9. Father's Occupation,

Labaner

Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Menga Ettel

Address,

No. 13. Cuba St.

Remarks,

Baltimore.



Fr 160

AUG
29
1883

124

7111

White

June 14 1883

5 Webster Allen

Hannah McCrory

Hannah Clark

Paulo G. G.

Wm McCray

habover

Received

J. A. Robinson M. L.

W/2 *Guernsey* 6. 11.

Remarks,

00. CITY PRINTING AND STATIONERY

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25

RETURN OF A BIRTH.

64161

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) _____

3. Date of Birth June 19, 1883

4. Place of Birth (Street and Number) No. 75 North Central Avenue

5. Full Name of Mother Mary Tanner

6. Mother's Maiden Name Mary Rachel

7. Mother's Birthplace Baltimore, Maryland

8. Full Name of Father George Tanner

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address No. 5 Walker St. Baltimore, Md.

Remarks _____

[illegible]

12/16/2

HEALING
JUN 25 1992
BALTIMORE, MD

- A 200, CITY PLANTEN AND STATIONERS.

place of the birth, and the said schedule shall be delivered, day by day, to the Board of Health. In case the certificate, between the first and third day of each and every month to the Board of Health, or of a practitioner of midwifery, or birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, it shall then become the duty of the parent or person who shall have charge of the child to report its birth to the Board of Health, in the manner, and within the time, and under the penalty hereinafter provided. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 June 1883

4. Place of Birth, (Street and Number) Balto Toyote Court No 4

5. Full Name of Mother, Mary Datterweigh

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Germany

8. Full Name of Father, Ch. Datterweigh

9. Father's Occupation, Barrelmaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 69 N. Washington St

Remarks,

Mary Datterweigh



the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the persons, hereinafter prescribed. In the event of neglect to do so, the parent or parents of such child, except in the case of the birth and death of a child to children, and shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

A circular library stamp from the Health Department, Baltimore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE" is curved along the bottom inner edge. In the center, the date "JUN 28 1883" is stamped.

Remarks, Mary O'Spish

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 June 1883

4. Place of Birth, (Street and Number) Balto. S. Broadway No 51

5. Full Name of Mother, An. Rubesh

6. Mother's Maiden Name, An. Sharcha

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Rubesh

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address, 29 N. Washington St

Remarks,

Mary Kopitsch



any fee for the birth, and the said certificate shall be delivered, duly signed by the registrars, in the event of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be present, the duty of the parent or any person or persons shall be to notify the registrar, and to pay a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

14166

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 June 1883

4. Place of Birth, (Street and Number) Balto. E. Jefferson St No 254

5. Full Name of Mother, Josephine Corney

6. Mother's Maiden Name, Jos. Petrick

7. Mother's Birthplace, Bohemia

8. Full Name of Father, J. Corney

9. Father's Occupation, Laborer

Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary R. Rish

Address, 69 N. Washington St

Remarks, Mary R. Rish

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 64167

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19th 1883

4. Place of Birth, (Street and Number) 227 Hoffman St

5. Full Name of Mother, J. F. Turner

6. Mother's Maiden Name, Gertrude Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, J. F. Turner

9. Father's Occupation, Mechanic

● Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return J. S. McLaughlin

Address, 121 N. Howard St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

118
Female
White
June 20 1883
88 Russell St.
Katharine Roth
Bender
Dalla
Henry Roth
Cabinet maker
Knickerbocker
Mary Roth
228 S. Euterpe St.

of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

14169

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 20. of Nov

4. Place of Birth, (Street and Number) Moores ally

5. Full Name of Mother, Harriet Mary

6. Mother's Maiden Name, Harriet Bird

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin Morgan

9. Father's Occupation, laborer

Father's Birthplace, in Maryland

Name of Medical Attendant, or other Person who makes this Return, Daniel Hamilton

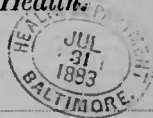
Address,

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race)
3. Date of Birth *June 20 - 1883*
4. Place of Birth (Street and Number) *29 Camden St.*
5. Full Name of Mother *Margaret Latimer*
6. Mother's Maiden Name *Davis*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *John Latimer*
9. Father's Occupation *Commission Merchant*
10. Father's Birthplace *Virginia*
- Name of Medical Attendant, or other Person who makes this Return. *L. A. Lewis*
- Address *1624 Avenue St*
- Remarks

RETURN OF A BIRTH 64171

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 20 1923

4. Place of Birth, (Street and Number) No 29 Randall St

5. Full Name of Mother, Clara Eckane

6. Mother's Maiden Name, Clara Beavell

7. Mother's Birthplace, Balt. city md

8. Full Name of Father, Andrew Eckane

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No 684 South Charles St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Name of child: William Henry Roberts Jr.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 20th 1883 at*
4. Place of Birth (Street and Number) *Baltimore Light 385*
5. Full Name of Mother *Rebecca Roberts*
6. Mother's Maiden Name *" Heine*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *W. H. Roberts*
9. Father's Occupation *Sea Dealer*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *M^{rs} Elizabeth Scarborough*
Address *220 Montgomery st Balt*
Remarks

RETURN OF A BIRTH

64173

To the Office of ~~Registration~~ ^{Health} Board of Health,

BALTIMORE CITY.

Name: *Arline Gertrude Bowen*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 20 1893

4. Place of Birth, (Street and Number)

18 Warren Ave. Balt. Md.

5. Full Name of Mother,

Mary E. Bowen

6. Mother's Maiden Name,

Mary E. Traubinger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Melcher Bowen

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm. W. W. W.

Address,

107 Johnson St. Balt. Md.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

11
 11/11/11
 11/11/11

the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person to be appointed by the Board of Health, in the manner, and at the time, and place, and under the conditions, and subject to the provisions of the following section shall be subject to a fine of ten dollars for each offense; but no such fine shall be levied until the offender has been given an opportunity to be heard.

5 of

Male

White

June 20th

No. 337. Aliceanna 21

Mr. Meta Dewell

Quilter

Germany

Frederick Dewar

Barkeeper

Germany

Mrs. Goetzke

Medical Attendant, or other person making this Return

Address, N. 55. D. 12
Remarks This was a twin one of which was
a Still Bath.



RETURN OF A BIRTH

64175

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 20th 1893

4. Place of Birth, (Street and Number)

376 Humboldt

5. Full Name of Mother

Christie J. Brown

6. Mother's Maiden Name

" " " " " "

7. Mother's Birthplace

A. A. Co. Md.

8. Full Name of Father

John J. Brown

9. Father's Occupation

Cover Printer

10. Father's Birthplace

A. A. Co. Md.

Name of Medical Attendant, or other Person who makes this Return

Theodore Cook

Address

Remarks

of the parents, and the maiden name of the mother of such child or children.

on tion, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

64176

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

20 June

4. Place of Birth, (Street and Number)

207 Ann Street

5. Full Name of Mother

Marie Secovodesky

6. Mother's Maiden Name

Stawitsky

7. Mother's Birthplace

Szulin

Germany

8. Full Name of Father

Georg Stawitsky

9. Father's Occupation

10. Father's Birthplace

Szulin

Germany

Name of Medical Attendant

or other Person who makes this Return.

Maxi Githner

Address

5 Wolfe Street 245

Remarks

RETURN OF A BIRTH

74177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Edgar Allen Biff

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 2



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

June 20th / 1893

4. Place of Birth, (Street and Number)

No 145 Saratoga St

5. Full Name of Mother.

Annie Gill

6. Mother's Maiden Name.

Annie Gannon

7. Mother's Birthplace.

Tredennick Lites

8. Full Name of Father.

George Bille

9. Father's Occupation.

Merchant Sailor

10. Father's Birthplace.

Tredennick Lites

Name of Medical Attendant, or other Person who makes this Return

E. Schmitt

Address,

348 Penn Ave.

Remarks.

On this certificate, write the surname name of the mother of such child or children.

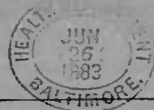
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

64178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth June 20th 1883.

4. Place of Birth, (Street and Number) 739 Hancock.

5. Full Name of Mother Julia. Bitt.

6. Mother's Maiden Name Weddelsch.

7. Mother's Birthplace Prussia

8. Full Name of Father Adolf. Bitt.

9. Father's Occupation Sever. man.

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Amie. Gant.

Address 634 Light. st

Remarks _____

RETURN OF A BIRTH

64179

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 20th 1883

4. Place of Birth, (Street and Number)

239 76 Calhoun

5. Full Name of Mother,

Susie M. Hanaway

6. Mother's Maiden Name,

Susie M. Riley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James H. Hanaway

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr. H. O. Starmer
Stuckey & Lowman

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 20th, 1883

4. Place of Birth, (Street and Number)

Baltimore Sterrett St N^o 1440

5. Full Name of Mother,

Alice Long

6. Mother's Maiden Name,

Goodman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Long

9. Father's Occupation,

Machinist

Father's Birthplace,

Pencilvania

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o. 5-8 Parker St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64151

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 20th 1883

4. Place of Birth, (Street and Number)

Baltimore St. Peter St No. 83

5. Full Name of Mother,

Mary Boyer

6. Mother's Maiden Name,

Kelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

David Boyer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 518 Parkin St.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



64152

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1883

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 9th 1883

4. Place of Birth (Street and Number)

93. Chew Street

5. Full Name of Mother

Ella Brownick

6. Mother's Maiden Name

Ella Russell

7. Mother's Birthplace

Baltimore County Md.

8. Full Name of Father

William C. Brownick

9. Father's Occupation

Wood Carver

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

James C. Whitford M.D.

Address

#195 - Disgrace St

Remarks

Labor Instrumental

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10. *Father's Birthplace.*

or other Person who
makes this Return

Remarks,

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

64154
SEP 8 1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

4th -
Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 20, 1883

4. Place of Birth, (Street and Number)

N.E. Cor Barclay & Townsend Sth

5. Full Name of Mother,

Mary Emma Little.

6. Mother's Maiden Name,

Mary Emma Stewart,

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Robert B. Little.

9. Father's Occupation,

Clark

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. W. Horck MD

Address,

75 E Baet^o Sth

Remarks,

of the person, that the mother of the mother of such child or children.

RETURN OF A BIRTH.

14155

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the first

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June the 20 1883

4. Place of Birth (Street and Number)

No 27, Wilson St

5. Full Name of Mother

Lena Solomon

6. Mother's Maiden Name

Lena Yeager

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Samuel S. Solomon

9. Father's Occupation

Sail. Maker

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ann E. Ball

Address

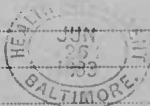
No 171 South Chester St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 20th 1883.*
4. Place of Birth, (Street and Number) *2113. W Fayette St.*
5. Full Name of Mother, *Eliza Jane Heasty.*
6. Mother's Maiden Name, *" " Fowler*
7. Mother's Birthplace, *Birdsall, New York.*
8. Full Name of Father, *Francis Heasty*
9. Father's Occupation, *Brost Maker*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return *A. C. Fox, M.D.*
- Address. *506. W Fayette St.*
- Remarks.



RETURN OF A BIRTH

64187

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 June

4. Place of Birth, (Street and Number) 122 Saw St.

5. Full Name of Mother, Kate Hummy

6. Mother's Maiden Name, " Redinger

7. Mother's Birthplace, Bayren

8. Full Name of Father, William Hummy

9. Father's Occupation, Lock Smith

10. Father's Birthplace, Bayren

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Ulbig

Address, 48 Holland St

Remarks, Balt. City

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *the 20th June*
4. Place of Birth, (Street and Number) *Baltimore Vine Street 1320*
5. Full Name of Mother, *Kate Kelly*
6. Mother's Maiden Name, *Kate McQuillan*
7. Mother's Birthplace, *Limerick Ireland*
8. Full Name of Father, *John J. Kelly*
9. Father's Occupation, *Porter in Store*
10. Father's Birthplace, *Clare Ireland*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Dymally*
- Address, *60 N. Schroeder St.*
- Remarks,



RETURN OF A BIRTH

64189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 20 June 1883

4. Place of Birth, (Street and Number) Balto N. Washington St No 21

5. Full Name of Mother, Rozina Hirsheim

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Hirsheim

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address, 62 N. Washington St

Remarks,

Mary Oaptish

RETURN OF A BIRTH, 64190

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
 1. Sex (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth June 21 1883
 4. Place of Birth, (Street and Number) N^o 3 Elizabeth Lane
 5. Full Name of Mother Margretha Schrott
 6. Mother's Maiden Name Margretha Thengert
 7. Mother's Birthplace Germany
 8. Full Name of Father George Schrott
 9. Father's Occupation Tanner
 Father's Birthplace Germany
 Name of Medical Attendant, or other Person who makes this Return. Catherine Thormann
 Address N^o 18 Byrd st
 Remarks _____

RETURN OF A BIRTH

64191

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 20th. 1883

4. Place of Birth, (Street and Number)

No. 422. Madison & N. of St.

5. Full Name of Mother,

Lizzie Lizzie

6. Mother's Maiden Name,

Lizzie Schaefer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Lizzie

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

M. J. Ball

Address,

No. 185. E. Cor Centre av. & Monument

Remarks,

All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 20/83

4. Place of Birth, (Street and Number)

76 N. Ann St

5. Full Name of Mother,

Lisebeth Schoff
Grill

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

William Schoff

8. Full Name of Father,

Blacksmith

9. Father's Occupation,

Baltimore

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Crass
236 Canton St

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 20th 1883

4. Place of Birth, (Street and Number)

411 Alice Run St.

5. Full Name of Mother,

Rosina Haas

6. Mother's Maiden Name,

" Edelmann

7. Mother's Birthplace,

City

8. Full Name of Father,

George Haas

9. Father's Occupation,

Laborer

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Bets

Address,

120 Bank St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

64194

d, &c.) *10th*
Female

- (white race)
 June 20th 1883
 No 164 Madison Alley.
 Maria Kekule
 " Schaefer Germany
 George Kekule
 Spencer Germany

Erasmus

Mrs Elizabeth Gibbs
120 Bancroft St.

120 Bank of America

Remarks.

RETURN OF A BIRTH

14195

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 20th 1883

4. Place of Birth, (Street and Number)

55. Duncan Allen

5. Full Name of Mother,

Margaretta Mertz

6. Mother's Maiden Name,

" Breller

7. Mother's Birthplace,

City

8. Full Name of Father,

George Mertz

9. Father's Occupation,

Laborer

Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

420 Bank St

Remarks,

State, for the purpose of ascertaining, whether such birth or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64196

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

227 Lawrence St June 20. 1883

Place of Birth, (Street and Number)

227 Lawrence St

Full Name of Mother,

Nellie Mott

Mother's Maiden Name,

Seville

Mother's Birthplace,

Baltimore

Full Name of Father,

Thos H. Mott

Father's Occupation,

Clerk

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Warren Brown M.D.

Address,

68 N. Calver St.

Remarks,

born, or of their parental condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64197

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 26th 1883
4. Place of Birth (Street and Number) 175 Linden St
5. Full Name of Mother Mary Howarth Price
6. Mother's Maiden Name Ferris
7. Mother's Birthplace Wilmington Del
8. Full Name of Father Eldridge L. Price M.D.
9. Father's Occupation Physician
10. Father's Birthplace Baltimore Co. Md.
Name of Medical Attendant, or other Person who makes this Return. Oliver L. Price M.D.
Address 262 Madison Ave
Remarks

RETURN OF A BIRTH 54195

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address.

Remarks.



English
Male
White
June 20th 1893
723 Lexington St. Balt. Md
Minna Dickinson
Knight
Baltimore City
John Dickinson
Conductor B. & O. R. R.
Baltimore
Dr. J. L. Luman
No. 36 Frederick Ave.
Small healthy baby 15 lb.

of the parents, and the maiden name of the mother of such child or children."

certificate, in which the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or any other person be in attendance upon the mother, immediately thereafter the birth of the child, the person so attending shall then become the subject of a fine of ten dollars, or each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd



Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 21 - 1883

4. Place of Birth, (Street and Number)

1173 Hamburg st.

5. Full Name of Mother,

Elbury Spooner

6. Mother's Maiden Name,

Shawahan

7. Mother's Birthplace,

Washington D. C.

8. Full Name of Father,

Michael Mcowan

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Washington D. C.

Name of Medical Attendant, or other Person who makes this Return

J. Schroeder midwife

Address,

330 Bonner st.

Remarks,

RETURN OF A BIRTH.

54200

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 12th 1883*
4. Place of Birth (Street and Number) *92 Bank St*
5. Full Name of Mother *Mary E. Young*
6. Mother's Maiden Name *" Brown*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *George Young*
9. Father's Occupation *Mariner*
10. Father's Birthplace *Canada*
- Name of Medical Attendant, or other Person who makes this Return. *Geo B. Reynolds*
- Address *171 N. Calvert*
- Remarks

RETURN OF A BIRTH

64201

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

first

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 21 1883

4. Place of Birth, (Street and Number)

16 Walsh St

5. Full Name of Mother,

Margaret Agnes Dougherty

6. Mother's Maiden Name,

Nester

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Martin Dougherty

9. Father's Occupation,

laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Dr. Christopher M.D.

Address,

431 Penna Ave.

Remarks,

RETURN OF A BIRTH

64202

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 21 1883

4. Place of Birth, (Street and Number)

784 Hammond St -

5. Full Name of Mother,

Rebecca Sachs -

6. Mother's Maiden Name,

Marcusson

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Isidor Sachs -

9. Father's Occupation,

Jeweler -

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

W. Sheeth, M.D.

Address,

1432 - Eider St

Remarks,

RETURN OF A BIRTH *64202*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 21 1883*

4. Place of Birth, (Street and Number) *St. Vincent's Infant Asylum*

5. Full Name of Mother,

6. Mother's Maiden Name, *Annie Brown*

7. Mother's Birthplace, *Florida*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace, *Sister of charity*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

64204

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male
White
June 21, 1903
22 East
Winnie Alexander
" Bucket
Baltimore
Charles W. Alexander
Clerk
Baltimore
Theodore Cooke M.D.
per 63

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 14200

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 21st 1883

4. Place of Birth, (Street and Number)

Baltimore Parkin st N^o. 179

5. Full Name of Mother,

Lucy Crumling

6. Mother's Maiden Name,

Wittendorf

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

John Crumling

9. Father's Occupation,

Store Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o. 58 Parkin st

Remarks,



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored race*
3. Date of Birth, *June 21st 1883*
4. Place of Birth, (Street and Number) *14 State St.*
5. Full Name of Mother, *Georganna Cornish*
6. Mother's Maiden Name, *Georganna Johnson*
7. Mother's Birthplace, *Frederick, County Md.*
8. Full Name of Father, *John Henry Cornish*
9. Father's Occupation, *Bar-tender*
10. Father's Birthplace, *Easton, Talbot Co. Md.*

Name of Medical Attendant, or other Person who makes this Return *Geo. Shannon M.D.*

Address, *176 Penna. Ave.*

Remarks,



certificate, between the first and third day of each and every month, to the Board of Health, for each the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner, and duty of the parent or persons, of each birth, in the cases of the birth and death of legitimate children, and within three or persons, shall hereafter fail to comply with the provisions and regulations shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Kind*

1. Sex, (state whether male or female) *Maedchen*

2. Race or Color, (if not of the white race) *Weiss*

3. Date of Birth, *geboren den 21 June*

4. Place of Birth, (Street and Number) *8^e 186 Carlton Av*

5. Full Name of Mother, *Mugie Kopp*

6. Mother's Maiden Name, *Mugie Tichelmann*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Danigel Kopp*

9. Father's Occupation, *Schneider*

10. Father's Birthplace, *Deutschland*

Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*

Address, *8^e 202 S. Dollars Str*

Remarks, *Hebamme*

In case the certificate, between the first and third day of each and every month to the Board of Health, or of a practitioner of midwifery, or of a physician, or of a practitioner of medicine, or of a practitioner of surgery, or of any other person, shall then become the duty of the parent or guardian, to report the birth of the child to the Board of Health, in the manner, and within the period, and under the penalty, provided in the cases of the birth, and death, and marriage, and adoption, and in the cases of the birth, and death, and marriage, and adoption, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

64208

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Second Child*
1. Sex, (state whether male or female) ... *Female*
2. Race or Color, (if not of the white race) ... *White*
3. Date of Birth, ... *June 1st 1883*
4. Place of Birth, (Street and Number) ... *No. 113 Liberty Street*
5. Full Name of Mother, ... *Foshia Goke*
6. Mother's Maiden Name, ... *Foshia Zimmerman*
7. Mother's Birthplace, ... *Casale, Cumberland Co. Penna.*
8. Full Name of Father, ... *Herman Henry Goke*
9. Father's Occupation, ... *Tailor*
10. Father's Birthplace, ... *Hagerstown, Penna.*
- Name of Medical Attendant, or other Person who make this Return ... *Mrs. Schleifer*
- Address, ... *Columbia Avenue, Bk. 11*
- Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Georgia C. Zacharias



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth

June 21, 1893.

4. Place of Birth, (Street and Number)

520 N. Lexington St.

5. Full Name of Mother

Thom N. Zacharias.

6. Mother's Maiden Name

" " Mosley.

7. Mother's Birthplace

Sanville Va.

8. Full Name of Father

Isaac Zacharias.

9. Father's Occupation

Silvers.

10. Father's Birthplace

Westminster, Md.

Name of Medical Attendant, or other Person who makes this Return.

A. L. Watts, M. D.

Address

282 N. Lombard St.

Remarks

In addition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64210

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

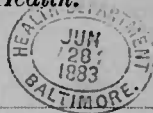


No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 6th child*
 1. Sex, (state whether male or female)..... *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *21 of June 1883*
 4. Place of Birth, (Street and Number) *115 E. 1st St. Baltimore*
 5. Full Name of Mother, *Lousia Sophia Hollich*
 6. Mother's Maiden Name, *mueller*
 7. Mother's Birthplace, *Baltimore Md*
 8. Full Name of Father, *Peter Hollich*
 9. Father's Occupation, *tailor*
 10. Father's Birthplace, *Europe*
 Name of Medical Attendant, *Dr. Wm. H. Huxley*
 Address, *44 E. Edmond St*
 Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 21

4. Place of Birth (Street and Number)

1614 Hanover St

5. Full Name of Mother

Mary Will

6. Mother's Maiden Name

Mary Samson

7. Mother's Birthplace

Ann Arbor Michigan

8. Full Name of Father

Charles Will

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Robt K. Kears

Address

534 W Fayette

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 21 - 1883

4. Place of Birth, (Street and Number)

552 Canton av

5. Full Name of Mother,

Lizzie Glaspy

6. Mother's Maiden Name,

Fitch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Glaspy

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park av

Remarks,

RETURN OF A BIRTH

624213

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

11



No. of Child of Mother. (state whether 1st, 2d, 3d, dec.) *One.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *21st June*

4. Place of Birth, (Street and Number) *249 George.*

5. Full Name of Mother, *Lizzie Scholz.*

6. Mother's Maiden Name, *Lizzie Ostendorf*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Louis A. Scholz.*

9. Father's Occupation, *Sailorman.*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Dumber.*

Address, *60. N. Schroeder St.*

Remarks,

of the parents, and the maiden name of the mother of alien child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 21/83

4. Place of Birth, (Street and Number)

106 N. E. St.

5. Full Name of Mother,

Louise Fries

6. Mother's Maiden Name,

Jimmerson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Fries

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Fries

Address,

235 Canton Ave

Remarks,

RETURN OF A BIRTH *by 210*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *June 21 1883*

4. Place of Birth, (Street and Number) *21 Green St*

5. Full Name of Mother, *Luisa Matenscheid*

6. Mother's Maiden Name, *Luisa Samson*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Julius Matenscheid*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. H. H. H. H. H.*

Address, *245 Penna Ave*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64216

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{cd}.*

1. ☒ *x*, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 21st. 1883*

4. Place of Birth, (Street and Number) *No. 212. Eager St.*

5. Full Name of Mother, *Lottie Huber*

6. Mother's Maiden Name, *Katie Barker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael Huber*

9. Father's Occupation, *Varnisher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *M. Butth*

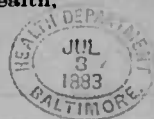
Address, *No. 185. S.E. Cor. Central av & Monument St.*

Remarks, *All well*

RETURN OF A BIRTH

84217

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 21st 1883

4. Place of Birth, (Street and Number)

95th W. Monument St

5. Full Name of Mother,

Ann Catherine Lilly

6. Mother's Maiden Name,

Ann C. [unclear]

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Lilly

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. [unclear]

Address,

121 W. Monument St

Remarks,

of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64318

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

June 21, 83.

Dorchester No 90

Margarette Eikel

Fischer

Bavaria

Wilhelm Eikel

Barber

Hessen

Mrs. Joh. Knecht

20 W. 14th St No 14

RETURN OF A BIRTH

64219

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 21, 83.

4. Place of Birth, (Street and Number)

U. Fiestelstr No 57

5. Full Name of Mother,

Lusanny Lopper

6. Mother's Maiden Name,

Emmel

7. Mother's Birthplace,

Hessen

8. Full Name of Father,

Ludwig Lopper

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Hessen

Name of Medical Attendant, or other Person who makes this Return

Mrs. Joh. Bauhach

Address,

J. Wolfstr No 14

Remarks,

Printed and Published by the City of Baltimore, at the Office of the Registrar of Vital Statistics, Board of Health.

RETURN OF A BIRTH

64220

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 21 1893

4. Place of Birth, (Street and Number)

255 Light

5. Full Name of Mother,

Emma Reeder

6. Mother's Maiden Name,

" Brewster

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Amos Reeder

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt

Name of Medical Attendant; or other Person who makes this Return

H. H. Webster

Address,

57 Banner

Remarks,

Missing

64221

RETURN OF A BIRTH

14222

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY. June 25th 1883



of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 16th
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, June 22nd 1883
- Place of Birth, (Street and Number) 38 Bugh Street
- Full Name of Mother, Louisa Burg
- Mother's Maiden Name, Louisa Hein
- Mother's Birthplace, America
- Full Name of Father, Philip J. Burg
- Father's Occupation, Seaman
- Father's Birthplace, America
- Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Arnold
- Address, 137 South Wolfe St.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Kind*



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *given Jan 22nd 1893*

4. Place of Birth, (Street and Number) *No 324 S. Bond St*

5. Full Name of Mother, *Theresi Eser*

6. Mother's Maiden Name, *Theresi Germ*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Eser*

9. Father's Occupation, *Handwerker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*

Address, *No 203 S. Dallas St*

Remarks, *Hebamm*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the mother or parent of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines are recovered.

Birth of any child shall occur within the attendance of a physician, or of a practitioner of midwifery, or should not other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the officer of health in the manner and to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

22 June

4. Place of Birth, (Street and Number)

13 Caroline

5. Full Name of Mother,

Mary Shivergal

6. Mother's Maiden Name,

Maglockly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Shivergal

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72-8. Lombard street

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth June 23^d 1883.
4. Place of Birth (Street and Number) Cor Pine & Mulberry sts.
5. Full Name of Mother Emma Patterson.
6. Mother's Maiden Name Emma Chance.
7. Mother's Birthplace Baltimore City.
8. Full Name of Father George Patterson.
9. Father's Occupation Engineer.
10. Father's Birthplace Baltimore City.
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm I Pennington M.D.
- Address 134 N Carrollton a
- Remarks

RETURN OF A BIRTH

64226

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. ☒ Male, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 22. 1883

4. Place of Birth, (Street and Number)

Smith Court

5. Full Name of Mother,

Paul Thomas

6. Mother's Maiden Name,

James

7. Mother's Birthplace,

Ma

8. Full Name of Father,

Thomas James

9. Father's Occupation,

Yeats

10. Father's Birthplace,

Ma

Name of Medical Attendant,

or other Person who makes this Return

Yeon Walker

Address.

No 115 Down Abbey

Remarks,

RETURN OF A BIRTH

64927

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 22d 1883
4. Place of Birth, (Street and Number) No 47 Duane St
5. Full Name of Mother, Marie Pige
6. Mother's Maiden Name, Marie Wood
7. Mother's Birthplace, Essex Co. County Va
8. Full Name of Father, Harrison Pige
9. Father's Occupation, Waiter
10. Father's Birthplace, Montgomery County Va
- Name of Medical Attendant, or other Person who makes this Return Dr. J. J. ...
- Address, No 527 W. Lombard St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



82-
male
white

June 22' 1893

Cr. Holiday + Paralytic

Mary Isaac

Uman

Ohio

Heinrich Isaac

Liquor Dealer

Prussia

D. Shatt M.D.

148 N. Exeter St.

R. P. J. P. forgo -

long well

It is the duty of the parent or person who shall then become the parent of such child to report its birth to the Board of Health, in the manner, and within the period above specified, and to cause the name of the child to be entered in the section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 ed. *White*
Male
BALTIMORE
287
1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 22 nd 1883

4. Place of Birth, (Street and Number)

Winans Cove

5. Full Name of Mother,

Elizabeth Schulte

6. Mother's Maiden Name,

Schauman

7. Mother's Birthplace,

America

8. Full Name of Father,

Louis Schulte

9. Father's Occupation,

Labarer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schogesser midwife
330 Waverly St.

Address,

Remarks,

should no other person be in attendance when the mother is delivering, than one, it shall then, become the duty of the person so attending, to report the birth to the Board of Health in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2



1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 June 1893

4. Place of Birth, (Street and Number) Baltimore Orleans St No 274

5. Full Name of Mother, Lizzie Kweto

6. Mother's Maiden Name, Lizzie Bolek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, James Kweto

9. Father's Occupation, Driver

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 N. Washington St

Remarks, Mary Koptish

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

June the 22

4. Place of Birth, (Street and Number)

Baltimore Cooksey st No 102

5. Full Name of Mother,

Mary Oliver

6. Mother's Maiden Name,

Miler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Isaiah Oliver

9. Father's Occupation,

laborer

10. Father's Birthplace,

Leckburg Va

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Ruthorn

Address,

williams st No 244

Remarks,



any child shall receive without the attendance of a physician, or of a practitioner of midwifery, or shall not be born in the attendance of the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars or such offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22 June*

4. Place of Birth, (Street and Number) *293 Mc Donough St*

5. Full Name of Mother, *Ella Jane Clauser*

6. Mother's Maiden Name, *" Porrell*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John F. Clauser*

9. Father's Occupation, *Paper Hanger*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *J. H. Grop*

Address, *13, 7 Adams St*

Remarks,

to be filled out by the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 2, 1883*

4. Place of Birth, (Street and Number) *No. 180 Velopars St*

5. Full Name of Mother, *Mrs. Caroline Ludloff*

6. Mother's Maiden Name, *Recker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jacob Ludloff*

9. Father's Occupation, *Sign Maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Goetzke*

Address, *12-55 S. Bond St*

Remarks, _____



of any child shall be the duty of the mother, or of a person in the place of a mother, to report the birth of a child to the Registrar of Vital Statistics, within the period above required, except in the cases of the births and deaths of illegitimate children, and in the case of still-born children, who shall however fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

649314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, June 22^d
- Place of Birth, (Street and Number) N E Corner Scott & Pratt St
- Full Name of Mother, Virginia Davis Bishop
- Mother's Maiden Name, " " Lighthizer
- Mother's Birthplace, Norfolk Va
- Full Name of Father, John Frederick Bishop
- Father's Occupation, Office Packer
- Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this return Dr. J. C. Lange
- Address, _____
- Remarks, _____

Give the number of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *June 22nd 1883*

Place of Birth, (Street and Number) *172 N Calhoun St*

Full Name of Mother, *Alice Jindale Burns*

Mother's Maiden Name, *"*

Mother's Birthplace, *Baltimore City*

Full Name of Father, *George Burns*

Father's Occupation, *Travelling Salesman*

Father's Birthplace, *B. City New Orleans La*

Name of Medical Attendant, or other Person who makes this Return *J. H. Hagerhill M.D.*

Address, *119 Edmondson Ave*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14236

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
- Sex, (state whether male or female) female
- Race or Color, (if not of the white race) white
- Date of Birth, June 22
- Place of Birth, (Street and Number) 323 N C Avenue
- Full Name of Mother, Mary J Wharton
- Mother's Maiden Name, Mary J Gordon
- Mother's Birthplace, Balt
- Full Name of Father, J F Wharton
- Father's Occupation, Carpenter
- Father's Birthplace, Balt
- Name of Medical Attendant, or other Person who makes this Return Daniel V. Meyer M.D.
- Address, 192 Annapolis St
- Remarks, Balt

RETURN OF A BIRTH 64237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 ☒ x, (state whether male or female)

2 Race or Color, (if not of the white race)

3 Date of Birth,

4 Place of Birth, (Street and Number)

5 Full Name of Mother

6 Mother's Maiden Name,

7 Mother's Birthplace,

8 Full Name of Father,

9 Father's Occupation,

10 Father's Birthplace:

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1

White

June 22nd 1883

25- Pearl St

Carolina Schröder

Carolina Kiewöhner

Germany

Wm Schröder

Shoe maker

Germany

Mrs A Mesenzahl

345- Pennsylvania

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 22nd 1883

4. Place of Birth, (Street and Number)

418 N. Belthel St-

5. Full Name of Mother,

Annie May Pritchard

6. Mother's Maiden Name,

" " Kelley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George T. Pritchard

9. Father's Occupation,

Musician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm. E. Russell

Address.

238 N Broadway -

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 22^d 1883

4. Place of Birth, (Street and Number)

92 Hill

5. Full Name of Mother,

Mary Kleesel

6. Mother's Maiden Name,

" Owen

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Chas. Kleesel

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall

Address,

152 Sharp St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~27th~~ 22 June 1888

4. Place of Birth, (Street and Number) 171 Dover

5. Full Name of Mother, Betty J. Seebach

6. Mother's Maiden Name, Betty Seebach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Edw.

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Seebach

Address, 439 W. Pratt St.

Remarks, Satisfactory

should on other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64211

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace.

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

2d
female

June 23.

128 Saratoga St

Catherine

Petroff

Charles Sanderak

Palet

tailor

Russia

Fuller & Co 3rd

139 W. Fayette St

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June the 23rd 1883

4. Place of Birth, (Street and Number)

10 Park St.

5. Full Name of Mother,

Mary Gurries

6. Mother's Maiden Name,

Mary Ellwanger

7. Mother's Birthplace,

Carrolltown Pa.

8. Full Name of Father,

John Gurries

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Glamm - Germany

Name of Medical Attendant, or other Person who makes this Return

Anne Lindner

Address,

No 45 - S. Main St.

Remarks,

RETURN OF A BIRTH

64243

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

first

1. ☒ (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 23rd 1883

4. Place of Birth, (Street and Number)

52 Baker St.

5. Full Name of Mother,

Rosa Clements

6. Mother's Maiden Name,

Hoffman

7. Mother's Birthplace,

Balto. Co. Md.

8. Full Name of Father,

Joshua Clements

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Balto. Co. Md.

☒ Name of Medical Attendant, or other Person who makes this Return

John W. M.D.

Address,

431 Lenox Ave.

Remarks,

[illegible]

HEALTH. JUN 25 1883. BALTIMORE. MD.

6.

Female

23 June

c.s. Caroline

Margaret Sheller

Wilson

Baltimore

Fred Sheller

Seaman

Baltimore

Sarah Casper

2. B. Lombard street

CITY PLANT, EN AND STATIONING

RETURN OF A BIRTH, 14345

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

54

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 23 1883

4. Place of Birth, (Street and Number)

194 Harmon St.

5. Full Name of Mother

Amelia S. Henckes

6. Mother's Maiden Name

Sabine

7. Mother's Birthplace

Md

8. Full Name of Father

Dietrich Henckes

9. Father's Occupation

Grocer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Harmon & Barr Sts

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

14246

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

the 2d, of German

3. Date of Birth,

White

4. Place of Birth, (Street and Number)

No. 467, Cortlandt Ave

5. Full Name of Mother,

Lisse, Wiedersede

6. Mother's Maiden Name,

Lisse Rosenberger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jos. ph. Rosenberger

9. Father's Occupation,

Book Binder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Lauer

Address,

173 Horforn Ave.

Remarks,

173 Horforn Ave.

1893

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2cd.*

1. ☒ (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 23rd 1883*

4. Place of Birth, (Street and Number) *148 1/2 Madisonst Court.*

5. Full Name of Mother, *Lusa Morgan*

6. Mother's Maiden Name, *Lusa Mc. Mannas*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Morgan*

9. Father's Occupation, *Ball Ball Player*

10. Father's Birthplace, *Washington.*

Name of Medical Attendant, or other Person who makes this Return *M. A. Smith*

Address, *No. 185 S.E. cor Central av & Monument St*

Remarks, *no ill.*

RETURN OF A BIRTH

14248

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. ☒ Male, (state whether male or female)

Male
White.

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 23rd

4. Place of Birth, (Street and Number)

32 Richmond St.

5. Full Name of Mother,

Amie Smith.

6. Mother's Maiden Name,

Royall

7. Mother's Birthplace,

Connecticut.

8. Full Name of Father,

Wm Smith.

9. Father's Occupation,

Coach Painter

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return

Ed. F. Esich.
90 Tark Ave.

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23 June 1893

4. Place of Birth, (Street and Number)

18 Argyle Avenue

5. Full Name of Mother,

Mary J. Starker
Bridler

6. Mother's Maiden Name,

Brickley

7. Mother's Birthplace,

Frank Starker

8. Full Name of Father,

Watchmaker

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Marbury Brown MD
55 N. Calver Street

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

RETURN OF A BIRTH

64250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23/83
4. Place of Birth, (Street and Number) 21 N. Pine
5. Full Name of Mother, Wilhelmina Wagner
6. Mother's Maiden Name, Seimon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, C. H. Wagner
9. Father's Occupation, Drug Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Thomas Apie M. D.
- Address, 39 N. Cay St.
- Remarks.

RETURN OF A BIRTH

12/25/1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 23rd

4. Place of Birth, (Street and Number)

W Cor Linnale & John

5. Full Name of Mother,

Lellie White

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Charles Ridgely White

9. Father's Occupation,

Book-Keeper

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this return.

Ruggin Buckner, M.D.

Address,

Remarks,

any person or persons who shall purposely fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Dr. First

Male.

White

23rd of June

103 Cambridge St

Annie Kraemer

Baltimore

• • • • •

Mrs Wiley

Park au

67253

HE 25 1893 BALTIMORE

4

- Female

BY FRANKLIN AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

24 June

4. Place of Birth, (Street and Number)

58 Gen. Ave.

5. Full Name of Mother,

Lizzie Drywillus

6. Mother's Maiden Name,

Meyer

7. Mother's Birthplace,

Europe

8. Full Name of Father,

August Drywillus

9. Father's Occupation,

Salvager

10. Father's Birthplace,

Europe

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,



It is the duty of the parent or person who shall report the birth of a child to the Board of Health, in the manner and within the period above specified, except in the cases of the birth of illegitimate children, and any person who shall fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines are.

It is the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

21 June

4. Place of Birth, (Street and Number)

43 Canal street

5. Full Name of Mother,

Margret Sassner

6. Mother's Maiden Name,

Cough

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fred Sassner

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

64256

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 24 1883

4. Place of Birth, (Street and Number) Smith Court Balto

5. Full Name of Mother, Emma Benson

6. Mother's Maiden Name, Carter

7. Mother's Birthplace, Va

8. Full Name of Father, John Benson

9. Father's Occupation, Laborer

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return, Geo Walker

Address, No 115 Franklin Alley

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. ☒ (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 June 1883

4. Place of Birth, (Street and Number)

Balto N. Chapel st No 131

5. Full Name of Mother,

Barbara Novak

6. Mother's Maiden Name,

Bar Hayek

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

John Novak

9. Father's Occupation,

Tailor

10. Father's Birthplace:

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Oepfisch

Address,

69 N. Washington St

Remarks,

Mary Oepfisch

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 27 1883

4. Place of Birth (Street and Number)

183 Harmon St

5. Full Name of Mother

Lillie Reynolds

6. Mother's Maiden Name

Lillie Jones

7. Mother's Birthplace

Howard Co. Md

8. Full Name of Father

Robt Reynolds

9. Father's Occupation

Firman on R.R.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

B. F. Phillips

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Carrie Wilhelmina Seim

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *24 June 1883*

4. Place of Birth, (Street and Number) *W. Balt. St. 714*

5. Full Name of Mother, *Catherine Seim*

6. Mother's Maiden Name, *Catherine Repp*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Johann Seim*

9. Father's Occupation, *Confectioner*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this return

Address, *Dr. J. Reichard
224 West Fayette Street*

Remarks,



of the parents, and the maiden name of the mother of such child or children."

[illegible]

A circular library stamp from the Health Department, Baltimore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE." is curved along the bottom inner edge. In the center, the date "JUN 30 1883" is stamped in three lines.

- * * ***

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 7th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

June 24th 1883

4. Place of Birth, (Street and Number)

Paris 10th & Number 11

5. Full Name of Mother,

Martha Robinson

6. Mother's Maiden Name,

Martha Jackson

7. Mother's Birthplace,

Howard County

8. Full Name of Father,

Wm. E. Robinson

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Sumner Det. County

Name of Medical Attendant, or other Person who makes this Return

Charles W. Wynn

Address,

258 Ralston

Remarks,

Born before time But Duang
The infant from a full

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *711262*

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *June 24/83*

4. Place of Birth, (Street and Number) *110 N. Washington St.*

5. Full Name of Mother, *Norma J. Stevens*

6. Mother's Maiden Name, *" " Shaw*

7. Mother's Birthplace, *Conn.*

8. Full Name of Father, *Wm. E. Stevens*

9. Father's Occupation, *Marine*

Father's Birthplace, *Portland, Maine*

Name of Medical Attendant, or other Person who makes this Return *J. L. Morrison*

Address, *177 S. Broadway*

Remarks.

State, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 24, 1886

4. Place of Birth, (Street and Number)

367 W. Washington St.

5. Full Name of Mother,

Maggie Biddison

6. Mother's Maiden Name,

M. E. Cooke

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. H. Biddison

9. Father's Occupation,

Wardens

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Henry A. Allen

Address, 286 E. Donagh St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 24/83

4. Place of Birth, (Street and Number)

91 Cambridge St

5. Full Name of Mother,

Lizzie Ci

6. Mother's Maiden Name,

Fuechterwald

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Ci

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Krapp

Address,

236 Canton Ave

Remarks,

of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH *64265*

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *47*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 24/83*

4. Place of Birth, (Street and Number) *3 Ave Highlandtown*

5. Full Name of Mother, *Barbara Miller*

6. Mother's Maiden Name, *Schmidt*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Miller*

9. Father's Occupation, *Milk Dealer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Louise Craft*

Address, *236 Canton Ave*

Remarks,

of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH 74266

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th.

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 24th. 1883

4. Place of Birth, (Street and Number)

No. 153. Madison Stirling St.

5. Full Name of Mother,

Mary Boyle

6. Mother's Maiden Name,

Mary Hagerty

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Henry Boyle

9. Father's Occupation,

Carter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. V. Butt

Address,

No. 185. S.E. cor. Centre and Monument St

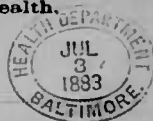
Remarks,

All Well.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
 Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *June 24th. 1883*
 4. Place of Birth, (Street and Number) *178 Spring St.*
 5. Full Name of Mother, *Lizzie Bugle*
 6. Mother's Maiden Name, *Lizzie Frank.*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Henry Bugle*
 9. Father's Occupation, *Cann Maker*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *M. A. Butt.*
 Address, *No. 185 E. cor. Centre st. & Monument St.*
 Remarks, *All Well*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14268

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June 24

4. Place of Birth, (Street and Number) 94 Jordan Alley

5. Full Name of Mother, Ellen Dowery

6. Mother's Maiden Name, Ellen Boss

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, William H. Dowery

9. Father's Occupation, laborer

10. Father's Birthplace, Tidrick

Name of Medical Attendant, or other Person who makes this Return Sarah S. Mothes

Address, 101 Orchard St

Remarks,

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance when the mother immediately thereafter, it shall then become the duty of the person so attending, to file a certificate of birth with the Board of Health, within the time specified, and to pay the fee thereon. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 24th

4. Place of Birth, (Street and Number)

No. 16. S. Spruce St

5. Full Name of Mother,

Fredericka Schuler

6. Mother's Maiden Name,

Kastens

7. Mother's Birthplace,

Bremen

8. Full Name of Father,

Peter Schuler

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sebach

Address,

1107 1/2 St. Ruth St.

Remarks,

489 Satisfactory

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in its presence upon the mother, immediately thereafter, it shall then become the duty of the parent or persons present, to report the birth of the child to the Office of Health in the instance, and the parent or persons present shall be liable to a fine of ten dollars, and shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars, and shall hereafter fall to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth 14

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 25, 1883

4. Place of Birth, (Street and Number)

No 12, Barnes St.

5. Full Name of Mother,

Barbara Kucera

6. Mother's Maiden Name,

" Vedick'a

7. Mother's Birthplace,

Pelenov Bohemia

8. Full Name of Father,

Frank Kucera

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Vitez Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Josephina Konrad

Address, No 20.

Barnes St

Balt

Remarks,



born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

64271

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 25th 1883

4. Place of Birth (Street and Number) 103 N. Calvert

5. Full Name of Mother Mary Ellwood

6. Mother's Maiden Name Mary Ellwood

7. Mother's Birthplace N. Va.

8. Full Name of Father Frank Ellwood

9. Father's Occupation Merchant

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds

Address 171 N. Calvert St.

Remarks

In cases the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, insulating therefor, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period and under the penalties therein prescribed, and in the case of violation of this provision shall be subject to a fine of ten dollars, or each offense, to be recovered as before these and penalties are respectively.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

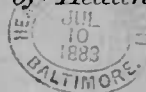
Remarks,



RETURN OF A BIRTH

4274

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *June 20 1883*
 4. Place of Birth, (Street and Number) *#8 Arlington Ave*
 5. Full Name of Mother, *May Johnson*
 6. Mother's Maiden Name, *May Norfolk*
 7. Mother's Birthplace, *Virginia*
 8. Full Name of Father, *Thomas Norfolk*
 9. Father's Occupation, *laborer*
 10. Father's Birthplace, *Far Baltimore*
 Name of Medical Attendant, (or other Person who makes this Return) *Ann Cornish*
 Address, *34 Boyd St.*
 Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, June 15. 1883.

4. Place of Birth, (Street and Number) 101 Second Hill ave

5. Full Name of Mother, Florence J. Moberly

6. Mother's Maiden Name, Stone

7. Mother's Birthplace, md.

8. Full Name of Father, John C. Moberly

9. Father's Occupation, Printer

10. Father's Birthplace, md

Name of Medical Attendant, _____ or other Person who makes this Return

Address, 219 Madison ave

Remarks, _____



birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who shall neglect to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

64276
111

OCT
24
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth 25th June 83

4. Place of Birth (Street and Number) 84 N. Epton St.

5. Full Name of Mother Daisy S. Daucker

6. Mother's Maiden Name Suter.

7. Mother's Birthplace Balto.

8. Full Name of Father Thos. O. Daucker

9. Father's Occupation Clerk

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. H. W. Oving

Address

Remarks 364 Madison Av

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 25 June 1883

4. Place of Birth, (Street and Number) 15 Union Alley

5. Full Name of Mother, Frances Hoff

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Bairn

8. Full Name of Father, John Hoff

9. Father's Occupation, Tailor

10. Father's Birthplace, Bairn

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Rosa Miller
48 Hall Street
Balt

Remarks,

to the parents, and the maiden name of the mother of such child or children.

[illegible]

Baltimore City

7th C.
Female

- June 25th 1883
No. 148, Burgundy alley
Mary Kelley
Astrophysicist
America
John Kelley
Police Officer
Belmont.
Schwartz, midwife
330 Hanover St.

330 Hammer st.

Address,

Remarks.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period now required, except in the cases of stillbirths and deaths of infants immediately after birth, any person or persons who, in such manner, be responsible for other fines and penalties as are now payable.

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE." at the bottom. In the center of the stamp, the date "JUN 28 1893" is stamped in three lines.

- 17K FALSTAFF AND STAFFORD

RETURN OF A BIRTH

14250

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4th)
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 25th 1883

4. Place of Birth, (Street and Number)

No 2 L Monument St

5. Full Name of Mother,

Isabella Hare

6. Mother's Maiden Name,

Isabella Allen

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Franklin Hare

9. Father's Occupation,

Black Smith

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Dr. A. Gilliss M.D.
157 N. Eutaw St

Address,

Remarks,

RETURN OF A BIRTH

74281

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *23- June*
4. Place of Birth, (Street and Number) *73 Leameth St. N.Y.*
5. Full Name of Mother, *Metilda Kolen*
6. Mother's Maiden Name, *Douglas*
7. Mother's Birthplace, *Princess Garden County*
8. Full Name of Father, *Robert Kolen*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Cross St. Augusta*
- Name of Medical Attendant, or other Person who makes this Return, *John Johnson*
- Address, *94 Tyson Street*
- Remarks,

of the parents, and the maiden name of the mother of such child or children."

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

64252

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Monday June 26th 1883

4. Place of Birth (Street and Number)

67 W. Calvert St

5. Full Name of Mother

Mary Anne McQuillan

6. Mother's Maiden Name

Mary Anne McFarley

7. Mother's Birthplace

New York

8. Full Name of Father

Wm. P. McQuillan

9. Father's Occupation

Book Binder

10. Father's Birthplace

Irish

Name of Medical Attendant, or other Person who makes this Return.

Edw. J. McQuillan

Address

67 W. Calvert St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25th 1883

4. Place of Birth, (Street and Number) No. 300 J. Caroline St

5. Full Name of Mother, Mrs. Kate Kerner

6. Mother's Maiden Name, Pennington

7. Mother's Birthplace, Germany

8. Full Name of Father, August Kerner

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant,

or other Person who makes this Return

Address, No. 55 J. Bond St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereon, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and within the period of six weeks thereafter to cause the birth of such child to be duly registered in the birth record, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

6212824

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 286 N. Donaghast

Remarks,



Seventh
Female

June 20 1883

87 Lee St.

Emily Cagran

Habers

Baltimore

Hugh C. Cagran

Driver

Baltimore

Mary A. Allwell

6428

BALTIMORE CITY.



of the

- 10th
June 25/83
22 Wythe St
Mary: Doreling
" Port d'Almeida
Also that
Port d'Almeida
Maj. Genl
Doreling

H. L. Friedman
389 W. Lombard

389 W. Cambridge

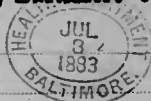
389 W. Cambridge

of the parents, and the maiden name of the mother of such child or children."

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, the parent or parents of such child, or any one of them, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) _____
3. Date of Birth, June 25th 1893.
4. Place of Birth, (Street and Number) No. 39. S. Fulton
5. Full Name of Mother, Josephine Kling.
6. Mother's Maiden Name, Muenighausen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Kling.
9. Father's Occupation, Vannisher.
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Anne Linder
- Address, No. 45 S. Monmouth
- Remarks, _____

RETURN OF A BIRTH

64287

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th
White
June 25th 1883
107 Fort Ave
Mary J. Gorman
"J." McKinn
Germany
George Gorman
Boys' School
Germany
Theodore Cooke
146 Hanover St
No 3

of the parents, and the maiden name of the mother of such child or children."

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth June 25 1883

4. Place of Birth, (Street and Number) 58 Hollington avenue

5. Full Name of Mother Mrs. Elie Starr

6. Mother's Maiden Name Mrs. Elie Starr

7. Mother's Birthplace Baltimore city

8. Full Name of Father John Michael Wagner

9. Father's Occupation Commission merchant

10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. May corner 153

Address Hollington avenue

Remarks

RETURN OF A BIRTH *64289*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 25 1883*

4. Place of Birth, (Street and Number) *77 Woodgear St*

5. Full Name of Mother, *Kellie Edwards*

6. Mother's Maiden Name, *Kellie Brown*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *William Edwards*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Mrs A Messeyell*

Address, *295 - Penna Ave*

Remarks,

Of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64290

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 24 1883

4. Place of Birth, (Street and Number) 45 Patterson ave

5. Full Name of Mother, Rosa Eisel

6. Mother's Maiden Name, Rosa Lockman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Walter Wm Eisel

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs A Mervin etc

Address, 645- Penna ave

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

- 3.
- Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

- 9.
- Father's Occupation.*

1. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH, 64292

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Of the colored race

3. Date of Birth 25th June 1883

4. Place of Birth, (Street and Number) Harmon Court No 14

5. Full Name of Mother Laura Stevenson

6. Mother's Maiden Name Laura Ballard

7. Mother's Birthplace Eastern Shore Somerset County Md

8. Full Name of Father Moses Stevenson

9. Father's Occupation labor

10. Father's Birthplace Eastern shore Worcester County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Pearson

Address No 9 Union ally

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

64293

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 25th 1883*

4. Place of Birth, (Street and Number) *577 N. Broadway*

5. Full Name of Mother, *Margaret Jane*

6. Mother's Maiden Name, *He.*

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Edward J. Kane*

9. Father's Occupation, *Tailor*

Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who make this Return. *Mrs. M. C. Hardy*

Address, *79 N. Calver St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 26th 1883*
4. Place of Birth (Street and Number) *Baltimore Light St 253*
5. Full Name of Mother *Catherine Mary*
6. Mother's Maiden Name *Norton*
7. Mother's Birthplace *Towentown B. City*
8. Full Name of Father *James Murray*
9. Father's Occupation *Car Driver*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Scarborough*
Address *220 Montgomery St Balti*
Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should occur, the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause the birth of such child to be registered in the Board of Health, in the manner, and within the period above required, except in the cases of the birth of a still-born child, or of a child born dead, or of a child born alive, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and shall be subject to a fine of ten dollars, or to imprisonment for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 June 1883

4. Place of Birth, (Street and Number) Balto, N. Castle st 25

5. Full Name of Mother, Elvise Rohrer

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Walter Rohrer

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary O'Leary

Address, 69 N Washington

Remarks, Mary O'Leary



RETURN OF A BIRTH

64296

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

2. Sex, (state whether male or female)....

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

June 26, 1883.

5. Place of Birth, (Street and Number)

227 Canal St. N.C.

6. Full Name of Mother,

Emma V. Langford

7. Mother's Maiden Name,

Emma V. Jones

8. Mother's Birthplace,

Wahayee Wales

9. Full Name of Father,

Jr. Langford

10. Father's Occupation,

Mercantile Agency

11. Father's Birthplace,

Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address,

J. P. Powell M.D.
227 Canal St.

Remarks,

Child Healthy. wt. 13 1/2 lbs.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jun 26 1888

4. Place of Birth, (Street and Number) No 362 William St

5. Full Name of Mother, Mary Otter

6. Mother's Maiden Name, Mary Bayers

7. Mother's Birthplace, Balt city md

8. Full Name of Father, Jacob Otter

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt city md

Name of Medical Attendant, or other Person who makes this Return Elizabeth Hinton

Address, No 694 N Charles St

Remarks,

RETURN OF A BIRTH *64295*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Birth

1. ☒ (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

W. & T.

3. Date of Birth,

26 June

4. Place of Birth, (Street and Number)

Barndel Street No 2

5. Full Name of Mother,

Kunigunda Kinder

6. Mother's Maiden Name,

" " Löffel

7. Mother's Birthplace,

Windheim Bairen

8. Full Name of Father,

Michael Kircher

9. Father's Occupation,

10. Father's Birthplace,

Geisenbach Bairen

Name of Medical Attendant, or other Person who makes this Return

Dr. Mauser

Address,

Remarks,

Lombard Street No 248



RETURN OF A BIRTH

64299

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"of the mother, and the maiden names of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2 Birth

Sex, (state whether male or female)

boi

2. Race or Color, (if not of the white race)

Wetit

3. Date of Birth,

26 Mar

4. Place of Birth, (Street and Number)

W 84 Street B 122

5. Full Name of Mother.

Mari Ebighause

6. Mother's Maiden Name,

" " Stender

7. Mother's Birthplace,

Makens Hannover

8. Full Name of Father,

Heinrich Ebighause

9. Father's Occupation,

10. Father's Birthplace.

Bilrim Braunschweig

Name of Medical Attendant, or other Person who makes this Return

Address,

Inst Maurer

Remarks,

Lombard Street B 248



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 26 1883

4. Place of Birth, (Street and Number) No. 151 Grays St. Balt. Md.

5. Full Name of Mother, Estelle Hill

6. Mother's Maiden Name, Estelle Cannon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Stephen Hill

9. Father's Occupation, Engineer

10. Father's Birthplace, Becil Co.

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash

Address, No. 7 Johnson St. Balt. Md.

Remarks,

RETURN OF A BIRTH *64301*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 26 1883

4. Place of Birth, (Street and Number)

146 E. Lombard St.

5. Full Name of Mother,

Elizabeth Mc Maxwell

6. Mother's Maiden Name,

Bearly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. E. Maxwell

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary C. Allen

Address, *286 W. Donagh St.*

Remarks,

For the mother of such child or children.

RETURN OF A BIRTH

64-302

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Eight

Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 26th 1883.

4. Place of Birth, (Street and Number)

206 W. Pratt St.

5. Full Name of Mother,

Caroline Biemiller

6. Mother's Maiden Name,

Preis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John H. Biemiller

9. Father's Occupation,

Fred Stone Keeper.

10. Father's Birthplace,

Bavaria

Name of Medical Attendant, or other Person who makes this Return

Mary K. Roh

Address,

1321 South Eutaw St.

Remarks,

Balt.

RETURN OF A BIRTH

14303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *June 26th 1883*
 Place of Birth, (Street and Number) *No 137 Chew St.*
 Full Name of Mother, *Theresa Flanthold*
 Mother's Maiden Name, *" Albert*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *John Flanthold*
 Father's Occupation, *Shoemaker*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *W. J. Butt*
 Address, *No. 185 S.E. cor. Central av. & Monument St.*
 Remarks, *All Well*

State of the mother of such child or children.

RETURN OF A BIRTH.

64304

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 26th - 1883
4. Place of Birth (Street and Number) 78 S Carey St
5. Full Name of Mother Carrollan Mayne
6. Mother's Maiden Name McCluskey
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Louis Thomas Mayne
9. Father's Occupation Layman B & C R R
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Wm J A Jackson M.D.
- Address 34 St Calverton St
- Remarks Nat. Labor Natural.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Lucy Bennett
Still born

Colored

Jan 26

Chesnut Street No 464

Lucy Bennett

Lucy Bennett

Boston, Mass.

Charles Henry Bennett

Rock Conyer

Chesnut St Wm

Dr. J. L. Jackson

No 2 North Street

RECEIVED BY THE REGISTER OF VITAL STATISTICS, BALTIMORE CITY, JUL 5 1893

RETURN OF A BIRTH

64306

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 27th 1883*
4. Place of Birth, (Street and Number) *53 Parson Alley*
5. Full Name of Mother, *Margaret E. Kennedy*
6. Mother's Maiden Name, " " *Hendrickson*
7. Mother's Birthplace, *Louisville Ky*
8. Full Name of Father, *James H. Kennedy*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Hartford Conn*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. F. Hill*
- Address, *17 N. Calhoun St.*
- Remarks,



RETURN OF A BIRTH *64307*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 29th 1883*
4. Place of Birth, (Street and Number) *161 N. Lombard - Maternity*
5. Full Name of Mother, *Mary Morrill*
6. Mother's Maiden Name, *—*
7. Mother's Birthplace, *Canada*
8. Full Name of Father, *—*
9. Father's Occupation, *—*
10. Father's Birthplace, *—*
- Name of Medical Attendant, or other Person who makes this Return *E. T. Hadden M.D.*
- Address, *161 N. Lombard St.*
- Remarks, *—*

the persons, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE

Name: *Allein Waters Mitchell*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 27th, 1883

4. Place of Birth, (Street and Number)

No. 29 South Broadway, London

5. Full Name of Mother,

Mrs Florence Lockman Mitchell

6. Mother's Maiden Name,

Miss Florence C. Howard

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. Wm. A. Mitchell

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Mr. H. Glendinning M.D.

Address,

No. 102 N. Broadway

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64309

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W.
3. Date of Birth 27 June
4. Place of Birth (Street and Number) No 104 St. Paul St.
5. Full Name of Mother Mrs. S. Posner
6. Mother's Maiden Name —
7. Mother's Birthplace Balti
8. Full Name of Father Saml. Posner
9. Father's Occupation Merchant
10. Father's Birthplace Balti
- Name of Medical Attendant, or other Person who makes this Return. Dr. Christopher Shufeldt
- Address No 82 Franklin St.
- Remarks —

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child of Mother*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *24 June between 11 am & 12 pm*
4. Place of Birth (Street and Number) *41 Stockholm Street*
5. Full Name of Mother *Josephine Jones*
6. Mother's Maiden Name *Singel*
7. Mother's Birthplace *Still Point Kent County Md*
8. Full Name of Father *John J. Jones*
9. Father's Occupation *Watering*
10. Father's Birthplace *City of Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Eugene J. Smith*
- Address *41 Stockholm Street*
- Remarks *Loving still nothing happening at first*

RETURN OF A BIRTH

14311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Boi
West

2. Race or Color, (if not of the white race)

3. Date of Birth,

22 Jani

4. Place of Birth, (Street and Number)

East Ave No 302

5. Full Name of Mother,

Theresa Schöen

6. Mother's Maiden Name,

" " Zimmerhof

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Schöen

9. Father's Occupation,

Can maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. M. Maurer

Address,

Remarks,

Lombard Street 258

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Birth

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22 Mar

4. Place of Birth, (Street and Number)

Chappel Street No 4

5. Full Name of Mother,

Klara Binlein

6. Mother's Maiden Name,

" Weiss

7. Mother's Birthplace,

Oiden Oldenburg

8. Full Name of Father,

John Binlein. Tailor

9. Father's Occupation,

Weisue Baiern

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Mrs Maurer

Address,

Remarks,

Lombard Street No 248



RETURN OF A BIRTH

14313

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
June 27/83
2 585 Lombard St
Jennie Bethman
Mary
Richmond Virginia
Henry Bethman
Machinist
Baltimore

L. P. Spickard
387 Lombard St

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at witness upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Health, in the manner and within the time herein prescribed, and shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court of Baltimore.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mo 37.

Barnes St.

4. Place of Birth, (Street and Number)

June 27, 1883.

5. Full Name of Mother,

Marie Schott

6. Mother's Maiden Name,

" Mika

7. Mother's Birthplace,

Hajku Bohemia

8. Full Name of Father,

Joseph Schott

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Huse Bohemia

Name of Medical Attendant, or other Person who makes this Return

Josephine Konrad

Address, No 20.

Barnes St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 27, 1883.

4. Place of Birth, (Street and Number)

241. E. Biddle St.

5. Full Name of Mother,

Maggie Wittney

6. Mother's Maiden Name,

" Baum

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Wittney

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Josephine Konrad

Address,

No 20. Barnes St Balto

Remarks,



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1.)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 27, 1883*

4. Place of Birth, (Street and Number) *No 3, Eberham St*

5. Full Name of Mother, *Marie Rous*

6. Mother's Maiden Name, *Brith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Bab Rous*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Josephina Kersad*

Address, *No 20 Barnes St*

Remarks.



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at instance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period already required, except in the case of a child born with the mother, and in which any person, or persons, shall be found guilty of neglecting to do so, each offender, to be punished as other fines and penalties are recoverable.

RETURN OF A BIRTH

14317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) For 8th
2. Sex, (state whether male or female) _____
3. Race or Color, (if not of the white race) _____
4. Date of Birth, June 27th
5. Place of Birth, (Street and Number) 42 E Biddle St
6. Full Name of Mother, Mary Ann Poston
7. Mother's Maiden Name, Mary Ann Frederick
8. Mother's Birthplace, Balto Co. Md
9. Full Name of Father, Daniel Thomas Poston
10. Father's Occupation, Laborer
11. Father's Birthplace, New York City
12. Name of Medical Attendant, or other Person who makes this Return, E. S. Malls
13. Address, 47 N Bond St
14. Remarks, _____

RETURN OF A BIRTH

14318

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 27/83

4. Place of Birth, (Street and Number) 243 S Broadway

5. Full Name of Mother, Phillippina Thummermann

6. Mother's Maiden Name, Blahmann

7. Mother's Birthplace, Germany

8. Full Name of Father, Daniel Thummermann

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Louis J. J. J.

Address, 23 S Canton Ave

Remarks,

of the parents, and the incident history of the mother of such child or children.

RETURN OF A BIRTH

14319

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

born on 27th of June 1903

4. Place of Birth, (Street and Number)

78 S. Taison St.

5. Full Name of Mother,

Mrs. Robert

6. Mother's Maiden Name,

Mrs. Miller

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Benny Robert

9. Father's Occupation,

Driver

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes the return

Mrs. Miller

Address.

1017 N. Main St.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

611320

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *27 June*

4. Place of Birth, (Street and Number) *289 Central Avenue*

5. Full Name of Mother, *Heathilde Unchelbach*

6. Mother's Maiden Name, *Heathilde Weibert*

7. Mother's Birthplace, *St. Thumbergshausen Baiern*

8. Full Name of Father, *Jan Unchelbach*

9. Father's Occupation, *street washer*

10. Father's Birthplace, *Geiselbach Baiern*

Name of Medical Attendant, or other Person who makes this Return *Anna Walter*

Address, *289 E. Eager street*

Remarks,

RETURN OF A BIRTH

64321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

June 27th 1883

4. Place of Birth, (Street and Number)

146 P Register St

5. Full Name of Mother.

Barbara Witten

6. Mother's Maiden Name.

Wimmer

7. Mother's Birthplace.

Thomas Witten City

8. Full Name of Father.

Thomas Witten

9. Father's Occupation.

Iron Moulder

10. Father's Birthplace.

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,

to the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64322

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child 12

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27 June

4. Place of Birth, (Street and Number)

Tousenck Street

5. Full Name of Mother,

Annie A. Knox

6. Mother's Maiden Name,

Annie A. Kane

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank William Knox

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Haggel Edel

Address,

N. 13 Cuba St.

Remarks,

Baltimore

For the parents, or for some other person, the number of such child or children.

name of the mother of such child or children.

RETURN OF A BIRTH,

64323

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race) W

3. Date of Birth June 27 1883

4. Place of Birth, (Street and Number) N 409 East Ave

5. Full Name of Mother Elmer Moore

6. Mother's Maiden Name Alice Hart

7. Mother's Birthplace Balt

8. Full Name of Father John Moore

9. Father's Occupation Merchant

Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M.D.

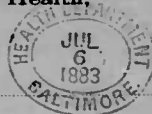
Address 23 Franklin

Remarks

RETURN OF A BIRTH

64324

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *27*

4. Place of Birth, (Street and Number) *220 Lexington Street*

5. Full Name of Mother, *Ellen L. L. L.*

6. Mother's Maiden Name, *Mrs. L. L.*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George L. L.*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Hertfordshire*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

State of the mother of such child or children.

birth of any child shall occur without the attendance of a physician, or of a qualified midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or parents of such child to report its birth in the month of its birth, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~38~~ 39

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

27 of June

4. Place of Birth, (Street and Number)

24 80th Crocker st

5. Full Name of Mother,

Barney rebecka jacob

6. Mother's Maiden Name,

Barney rebecka terris

7. Mother's Birthplace,

elk City, miss

8. Full Name of Father,

William Henry jacob

9. Father's Occupation,

gun Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Debock

Address,

439 W. Pratt st

Remarks,

Satisfactory

RETURN OF A BIRTH

64326

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child.

1. Sex, (state whether male or female).

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 28th 1883.

4. Place of Birth, (Street and Number)

3824 W. Stricker St.

5. Full Name of Mother,

Amelia Hogg.

6. Mother's Maiden Name,

Amelia Rickey

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Mrs. W. Hogg.

9. Father's Occupation,

Carpenter.

10. Father's Birthplace,

Balts. Co.

Name of Medical Attendant, or other Person who makes this Return.

J. F. Powell, M.D.
227 Cathedral Ave.

Address,

Remarks,

Child Healthy.

in the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14-327

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

14th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 28th

4. Place of Birth, (Street and Number)

145 S. Durham St.

5. Full Name of Mother,

Louise Hinson

6. Mother's Maiden Name,

Louisa Cornell

7. Mother's Birthplace,

Talbot County

8. Full Name of Father,

Peffer Hinson

9. Father's Occupation,

Litman

10. Father's Birthplace,

Talbot County

Name of Medical Attendant, or other Person who makes this Return

Alfred Whitford M.D. & C. S. England

Address,

Remarks,

PRINTED AND STATIONED

RETURN OF A BIRTH

64/328

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 28 1883

4. Place of Birth, (Street and Number) 25 Hamburg St. Balt. Md

5. Full Name of Mother, Mary Floyd

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Floyd

9. Father's Occupation, Ship Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Nash

Address, 117 Johnson St. Balt.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

624329

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *June 24 1893*
4. Place of Birth (Street and Number) *# 453 N. Gay Street*
5. Full Name of Mother *Marcella Barber*
6. Mother's Maiden Name *Marcella Eppro*
7. Mother's Birthplace *Baltimore Md*
8. Full Name of Father *Thomas Washington Barber*
9. Father's Occupation *Butter Merchant*
10. Father's Birthplace *Fredricks County Md*
Name of Medical Attendant, or other Person who makes this Return. *J. C. Whitford M.D.*
Address *# 195 Argonne Street*
Remarks

RETURN OF A BIRTH, 1/1330

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th

Male

Black

June 28th 1883

142 N. Spring St.

Liza Webster

Liza Thornton

Alexandria, Virginia

George Brown

Clyster Shucker

Baltimore

Chas. B. Liebler, M.D.

282 N. Broadway

See Instructions, and the Manual, forms of the mother of each child or children.

RETURN OF A BIRTH

14332

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 25 '83

4. Place of Birth, (Street and Number)

65 Barnes St.

5. Full Name of Mother,

Lilius A. Hugelmeier

6. Mother's Maiden Name,

Bunnell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sho. P. Hugelmeier

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who made this Return

Mary A. Allwell

Address, 286 Mt. Tabor St.

Remarks,

Be true in this, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th of June 1893

4. Place of Birth, (Street and Number) 77 North Washington St.

5. Full Name of Mother, Elly King

6. Mother's Maiden Name, Elly Horney

7. Mother's Birthplace, Ireland

8. Full Name of Father, Sam Horney

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. South Crescentia Kunkel

Address, 77 North Chapel St. for Justice Kunkel

Remarks, Healthy



with or any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by the Board of Health, in the manner, and at the time, and at the place, and under the conditions, and subject to the provisions of the section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

14331

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 28 1883

4. Place of Birth, (Street and Number)

17 Wilmore ave

5. Full Name of Mother...

Kate Kelly

6. Mother's Maiden Name,

John Reprode

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sebastian Kelly

9. Father's Occupation,

Cover

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs A Mesinger

Address,

815 Penna ave

Remarks,



PRINTED BY THE BOARD OF HEALTH, BALTIMORE CITY.

RETURN OF A BIRTH

74395

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 28th 1883

4. Place of Birth, (Street and Number)

87 Chapel St.

5. Full Name of Mother,

Anna B. Becker

6. Mother's Maiden Name,

B. Krieger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Becker

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *4*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *June 28 1883*
- Place of Birth, (Street and Number) *3 Madry Court*
- Full Name of Mother, *Ella Wagner*
- Mother's Maiden Name, *Wagner*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Joseph Wagner*
- Father's Occupation, *Laborer*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mr. E. J. J. J.*
- Address, *193 John*
- Remarks,

of the parents, and the maiden name of the mother of each child or children.

1337

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court, and such fine and penalty shall be recoverable.

Truth (3.)

Male

White

June 28. 1882.

No 95, N. Castle, Str

Rosalie Linhart

4. Widich

Baltimore

Jakob Linhart.

Butcher

Germany

Josephina Konrad

Remarks. _____



RETURN OF A BIRTH

14538

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. ☒ Male, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 28th June
4. Place of Birth, (Street and Number) 7 Clarkson alley
5. Full Name of Mother, Sarah A. Johnson
6. Mother's Maiden Name, Henry
7. Mother's Birthplace, Eastern shore dorchester Co md
8. Full Name of Father, William H. Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Eastern shore md
- Name of Medical Attendant, or other person who makes this Return Dr Caroline Moore
- Address, No 2 seldner st
- Remarks, Baltimore
md.

RETURN OF A BIRTH

64339

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 28/83 -

4. Place of Birth, (Street and Number) 10 Biddle Alley

5. Full Name of Mother, Mary Wright

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto

8. Full Name of Father, Seldon Wright

9. Father's Occupation,

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return

Mary R. Owen, M.D.

Address, W & E Hospital - Resident physician

Remarks,

[illegible]

Child
983
BALTIMORE

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address, No 12 Patterson Park, av

Remarks.

RETURN OF A BIRTH,

64341

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

June 28th 1883

4. Place of Birth, (Street and Number)

377 Saratoga St.

5. Full Name of Mother

Emma V. Schultz

6. Mother's Maiden Name

Went, ne Lantry

7. Mother's Birthplace

Balto

8. Full Name of Father

Geo F. Schultz, jr

9. Father's Occupation

Wagoner

Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Harmon & Barnes St

Remarks

names of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 28. 1883

4. Place of Birth, (Street and Number)

North Street

5. Full Name of Mother,

Annie L. Jeffers

6. Mother's Maiden Name,

Annie L. Cochran

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William S. Jeffers

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mayga. Etzel
113 North Street

Address,

Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
1893
BALTIMORE

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

June 28/815

4. Place of Birth, (Street and Number)

442 Saratoga St

5. Full Name of Mother.

Dora Langgord

6. Mother's Maiden Name.

" Krock

7. Mother's Birthplace.

City

8. Full Name of Father.

Earnest Langgord

9. Father's Occupation.

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return

Wm D Blake M.D.

Address.

Remarks.

should no other person be in attendance when the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to declare the child to be the issue of the mother, in the manner, and within the period above required, except in the case of the birth of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *June 28 1883*
4. Place of Birth, (Street and Number) *571 W Fayette*
5. Full Name of Mother, *Mary Hartman*
6. Mother's Maiden Name, *Strans*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Henry Hartman*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Balto Bavaria*
- Name of Medical Attendant, or other Person who makes this Return *Thomas, Opie M D*
- Address, *39 N. Cany St*
- Remarks.

To be filled out by the Registrar of Vital Statistics, and the name of the mother of each child or children.

RETURN OF A BIRTH

64346

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 28 June

4. Place of Birth, (Street and Number) 25 Douglas St.

5. Full Name of Mother, Ester Levy

6. Mother's Maiden Name, " Jinninsky

7. Mother's Birthplace, Russia

8. Full Name of Father, Moses Levy

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Rose M. G.
48 Holland St.
Balt.

RETURN OF A BIRTH

64247

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 29th 1883

4. Place of Birth, (Street and Number)

532 S. Charles St

5. Full Name of Mother,

Annie C. Shannon

6. Mother's Maiden Name,

" " Buckley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Shannon

9. Father's Occupation,

Ship Carpenter

10. Father's Birthplace,

W. Va.

Name of Medical Attendant, or other Person who makes this Return

Theodore Corby M.D.
per 613

Address,

Remarks,

RETURN OF A BIRTH.

64318

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
 1. Sex (state whether Male or Female) Female Hattie Mabel Goetting
 2. Race or Color (if not of the white race) White
 3. Date of Birth Jan 29-1883
 4. Place of Birth (Street and Number) 133 Druid Hill Avenue
 5. Full Name of Mother Annie V. Goetting
 6. Mother's Maiden Name " " Creamer
 7. Mother's Birthplace Baltimore
 8. Full Name of Father Chas Goetting
 9. Father's Occupation Shoe Cutter
 10. Father's Birthplace Baltimore
 Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds
 Address 171 No. Calvert St
 Remarks Full name added by mother when obtaining transcript
7/11/35
Spelled Mrs Annie Virginia Goetting Mother

born, his or her physical condition, whether still born or not, the full name, history, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

64349

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 29, 1880

4. Place of Birth, (Street and Number)

72 N. Edmond

5. Full Name of Mother

Sarah E. McCormack
Mercer

6. Mother's Maiden Name,

Howard C. Uld.

7. Mother's Birthplace,

Francis Maryland

8. Full Name of Father,

Barryman

9. Father's Occupation,

Howard C. Uld.

10. Father's Birthplace,

John Hood

Name of Medical Attendant, or other Person who makes this Return

322 Hollins St.

Address,

Remarks,

Kim Beck

Use this portion, and use "Mother's Name of the mother of each child or children."

RETURN OF A BIRTH

64300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,...

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Seventeenth
Meale
Road

June 29th

104 Jordan Alley
Rebecca Stafford
Partard

Md
David Stafford
Warpentus
Md

Amelia Banks
89 Campbell St



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

64.351
AUG 8 1883
BALTIMORE

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 29, 1883

4. Place of Birth, (Street and Number)

32 N. Front St.

5. Full Name of Mother,

Rachel Hamburger

6. Mother's Maiden Name,

Rachel Heitner

7. Mother's Birthplace,

New York

8. Full Name of Father,

Emanuel Hamburger

9. Father's Occupation,

Merchant.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

J. W. Honck M.D.

Address,

75 E. Balt. St.

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64352

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 29th 1893

4. Place of Birth (Street and Number) 2040 Howard St

5. Full Name of Mother Mary Cookley

6. Mother's Maiden Name Mary Stone

7. Mother's Birthplace Alexandria

8. Full Name of Father Thomas Cookley

9. Father's Occupation Processer

10. Father's Birthplace Alexandria

Name of Medical Attendant, or other Person who makes this Return.

Mary R. Cookley

Address 1341^{1/2} Hamilton St

Remarks Living, Well

RETURN OF A BIRTH

64353

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29th June*
4. Place of Birth, (Street and Number) *Belair Ave no Number*
5. Full Name of Mother, *Maggie Lint*
6. Mother's Maiden Name, *Maggie Pleasant*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Andie Lint*
9. Father's Occupation, *Shoe-Maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Brun*
- Address, *Belair Ave*
- Remarks,

RETURN OF A BIRTH

643124

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 29, 1888

4. Place of Birth, (Street and Number)

735 W Fayette St

5. Full Name of Mother.

Maggie Winters

6. Mother's Maiden Name.

O'Donnell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

O. A. Winters

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. G. Barnes M.D.
Shucker & Son

Address,

Remarks,

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in at a residence upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period already prescribed, except in the cases of the births and deaths of illegitimate children, and in those instances where the mother or father shall have failed to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

111
621555

4 Child

Female

White.

June 29 1883

480 Canton av

Margaret Blank

Hiemer

Baltimore

George, Blank.

Shipcarpenter

Baltimore.

Mrs Wiley

Park Ave.

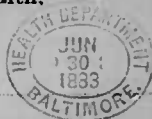
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040



RETURN OF A BIRTH

64356

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29th June - 1883

4. Place of Birth, (Street and Number)

No 376 Washington

5. Full Name of Mother,

Mary Elizabeth Phillips

6. Mother's Maiden Name,

Mary Elizabeth DeLacy

7. Mother's Birthplace,

Petersburg, Va

8. Full Name of Father,

Thomas Phillips

9. Father's Occupation,

Locksmith

10. Father's Birthplace,

Baltimore M.D

Name of Medical Attendant, or other Person who makes this Return

Mrs Oronson

Address,

No 378 Washington St

Remarks,

Healthy

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64357

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *born May the 29 1883*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *colored rose*
3. Date of Birth *1886 66 Dabie street 66 Dabie street*
4. Place of Birth (Street and Number) *Walter Howard Simpson*
5. Full Name of Mother *Mary M Simpson*
6. Mother's Maiden Name *Mary M Gibson*
7. Mother's Birthplace *Baltimore city*
8. Full Name of Father *Aderson Hugh Jean Simpson*
9. Father's Occupation *labor*
10. Father's Birthplace *Eastern shore Talbot county md*
- Name of Medical Attendant, or other Person who makes this Return. *Sarah Ann Gibson 66 Dabie st*
- Address
- Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report the birth to the Board of Health, in the manner, and within the period now prescribed, except in cases where the child is born dead, and in such cases the person attending the mother shall hereafter fail to comply with the provisions of this act, he or she shall be liable to a fine of ten dollars, and each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 29th 1883

4. Place of Birth, (Street and Number)

A. H. Co. Eastern Ave & Chestnut St

5. Full Name of Mother,

Mary J. Flanigan

6. Mother's Maiden Name,

" " Connor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick Flanigan

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

James J. McShane, M.D.
417 E. Pratt Street

Address,

Remarks,



RETURN OF A BIRTH

64319

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Barbrol

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Barbrol

3. Date of Birth,

June 29

4. Place of Birth, (Street and Number)

Hull Lane 22

5. Full Name of Mother,

Mary Linn Bond

6. Mother's Maiden Name,

Mary Linn Mather

7. Mother's Birthplace,

Bare in Baltimore

8. Full Name of Father,

David Stuebel

9. Father's Occupation,

Carver

10. Father's Birthplace,

Bare in Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Harriet Jack

Address,

No 5 Front Street

Remarks,

Printed at the City of Baltimore, at the Office of the Registrar of Vital Statistics, Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 June
4. Place of Birth, (Street and Number) 9 Blumhans
5. Full Name of Mother, Margaret Drumbald
6. Mother's Maiden Name, Spellmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Drumbald
9. Father's Occupation, Restaurant
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address, 72 E. Lombard street
- Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and, in default of payment, to be recovered as other fines and penalties are recoverable.

within six days thereafter, stating distinctly the age of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

RETURN OF A BIRTH.

64361

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 29th 1883
4. Place of Birth (Street and Number) 393 Druid Hill Ave
5. Full Name of Mother Mary J. Sheppard
6. Mother's Maiden Name Bartholow
7. Mother's Birthplace Baltimore
8. Full Name of Father John J. Sheppard
9. Father's Occupation Comm. Merchant
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Elias C. Price M.D.
Address 262 Madison Ave
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) 1 female

2. Race or Color, (if not of the white race) Freeborn English

3. Date of Birth. October 10, 1864

4. Place of Birth, (Street and Number) 75 Lexington Street

5. Full Name of Mother, Mary J. Williams

6. Mother's Maiden Name, Elizabeth A. Cook

7. *Mother's Birthplace*, *St. Louis, Mo.*

8. Full Name of Father, John William Smith

9. *Father's Occupation,* Laborer

10. *Father's Birthplace*, Wahneema

Name of Medical Attendant, or other Person who makes this Return Mrs. Seebach

Address. 437 W. Kauto St

Remarks. *Satisfactory.*

the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should any person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth, and death of illegitimate children, and such offense, if any person or persons shall offend, to wit: namely, if any person shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are now recoverable.

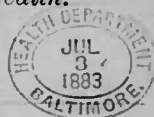
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64-363

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

6.30.83

4. Place of Birth (Street and Number)

360 Saratoga

5. Full Name of Mother

Mrs. Josephine Billson
Chapman

6. Mother's Maiden Name

Balw

7. Mother's Birthplace

8. Full Name of Father

Mr. F. Billson
Grainer

9. Father's Occupation

Balw

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Will Eastman

Address

249 Lech

Remarks

RETURN OF A BIRTH

64364

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *June 30th 83*

4. Place of Birth, (Street and Number) *74 N. Fremont St.*

5. Full Name of Mother, *Mary Nugent*

6. Mother's Maiden Name, *Mary Kelley*

7. Mother's Birthplace, *England*

8. Full Name of Father, *Thomas Nugent*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other Person who makes this Return

Address, *185 Franklin St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64365

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

30th June.

4. Place of Birth, (Street and Number)

No. 278 Cross

5. Full Name of Mother,

Madalean Williamson

6. Mother's Maiden Name,

Madalean Grebe

7. Mother's Birthplace,

Germany

8. Full Name of Father,

James Williamson

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. ...

Address,

1. ...

Remarks,

On the parent, and the maiden name of the mother of such child or children.

14366

SALE JUL 13 1883 BALTIMORE

Erineth

Male...

White

June 30th 1883,

No 130. Spring Str

Louise Herman

" Rindle

Baltimore

Frank Herman

Schumacker

Germany

Josephina Conrad

No 20. : Burnes Str

Remarks.....

RETURN OF A BIRTH

64367

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 30 1893

4. Place of Birth, (Street and Number)

231 East Av.

5. Full Name of Mother,

Clara Jockelsen

6. Mother's Maiden Name,

" Smith

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Lehas. Jockelson

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 S Broadway

Remarks,

RETURN OF A BIRTH 64368

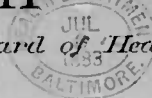
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 8 a. 1883
4. Place of Birth, (Street and Number) 22 Church St. Balt. Md
5. Full Name of Mother, Rosanna Lockerman
6. Mother's Maiden Name, Rosanna Kute
7. Mother's Birthplace, Newcastle Delaware
8. Full Name of Father, John Lockerman
9. Father's Occupation, Mariner
10. Father's Birthplace, Dorchester Co.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Nash
- Address, 107 Johnson St. Balt. Md.
- Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 30th 1883

4. Place of Birth, (Street and Number) 41 Chestnut St.

5. Full Name of Mother, Sarah R. Young

6. Mother's Maiden Name, Sarah R. Ringold

7. Mother's Birthplace, Cecil Co. Md.

8. Full Name of Father, Geo. A. Young

9. Father's Occupation, Caterer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, E. L. Baldwin

Address, 124 N. Eyster St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

6437A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

2. Sex, (state whether male or female).....

Female

3. Race or Color, (if not of the white race)

Colored

4. Date of Birth,

June 30 1883

5. Place of Birth, (Street and Number)

Baltimore Moores Alley 85

6. Full Name of Mother,

Georgina Allsuk

7. Mother's Maiden Name,

Georgina Baldwin

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Daniel Baldwin

10. Father's Occupation,

Laboring

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Goldsborough

Address,

9 Moores Alley

Remarks,

RETURN OF A BIRTH

64371

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.) 10th

2. Race or Color, (if not of the white race) Male

3. Date of Birth, June 30th 1883

4. Place of Birth, (Street and Number) Mulberry St. No. 282 1/2

5. Full Name of Mother, Ellen Weitzel

6. Mother's Maiden Name, Ellen Lips

7. Mother's Birthplace, Leipzig, Germany

8. Full Name of Father, Henry Weitzel Jr.

9. Father's Occupation, Artist

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Mary A. Ledley

Address

Remarks

RETURN OF A BIRTH

4372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 30th 1893

4. Place of Birth, (Street and Number)

No. 2 Hammond Alley

5. Full Name of Mother,

Rose Rodgers

6. Mother's Maiden Name,

Rose Gaines

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Joseph Rodgers

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Eliza Hemming

Address,

No. 95 Albemarle St.

Remarks,

City

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

74373

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

June 30th 1883

5. Place of Birth, (Street and Number)

St Vincent, Infant Asylum

6. Full Name of Mother,

7. Mother's Maiden Name,

Margaret Smith
Ireland

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

John of Charity

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

143711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

June 30th 1883

4. Place of Birth, (Street and Number)

Maternity - 1611 Lombard St.

5. Full Name of Mother,

Jane Thomas

6. Mother's Maiden Name,

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

E. F. Kaden M.D.

Address, 1611 Lombard St.

Asst. Phys. Maternity

Remarks,

To the Registrar, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

64375

the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



er (state whether 1st, 2d, 3d, &c)

1st child

Male or Female)

Male

not of the white race)

Colored

et and Number)

June 30th 1883.

er

Hoffman Street

ame

Wm. Allen

Don't

Know

Attendant,

or other Person who makes this Return.

Miss Caroline Jones

I do not say favorable.

RETURN OF A BIRTH

64376

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^{ed}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Collard

3. Date of Birth,

June 30th 1883

4. Place of Birth, (Street and Number)

No 1 Little Mt. Keldery St. Court

5. Full Name of Mother,

Emma Bright

6. Mother's Maiden Name,

Emma Hebrews

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Bright

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. A. Butt

Address, No 185 L. E. cor. Centinel av. & Monument St.

Remarks, All Well

Birth of a child shall occur within the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is duly qualified in the art of midwifery, and who shall be duly sworn to the effect that he or she will faithfully and honestly report the birth of the child to the Board of Health, in the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 30 June

4. Place of Birth, (Street and Number) 60 E. Bough

5. Full Name of Mother, Ida Hill

6. Mother's Maiden Name, Susan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Hill

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

44-371

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person he or she may designate, to assist in the delivery of the child, and the mother shall be liable to a fine of not more than \$100 for each offense, to be recovered no other than a justice of the peace, or a justice of the court.

Male

30 June

13 S. Alchemarle

Mary Bushmann

Aiken

Ireland.

John Bushmann

Bricklayer

Germany

Sarah Casper

72. E. Lombard street

- 173 - WINTER AND STATIONERY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64379

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

June 30th 1883

4. Place of Birth (Street and Number)

5. Full Name of Mother

Louisa Emily Lattig Anos

6. Mother's Maiden Name

Shaffer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Charles Leisingson Anos

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elias C. Price M.D.

Address

262 Madison Ave

Remarks

RETURN OF A BIRTH

64350

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of each child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jun 30/83*
4. Place of Birth, (Street and Number) *471 Melbury St*
5. Full Name of Mother, *Mary Emory*
6. Mother's Maiden Name, *Fulton*
7. Mother's Birthplace, *Balt*
8. Full Name of Father, *Paul G. Emory*
9. Father's Occupation, *Life Ins Agt*
10. Father's Birthplace, *Balt*
- Name of Medical Attendant, or other Person who makes this Return *Thomas Spier M.D.*
- Address. *39 N. Cary St*
- Remarks.

RETURN OF A BIRTH

64381

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

born on the 30 of June 1883

4. Place of Birth, (Street and Number)

958 W. Pratt St.

5. Full Name of Mother,

Mary Appleby

6. Mother's Maiden Name,

Ms. Griffiths

7. Mother's Birthplace,

born in Maryland

8. Full Name of Father,

William A. Appleby

9. Father's Occupation,

Worker

10. Father's Birthplace,

born in Howard County Md.

Name of Medical Attendant, or other Person who

Mrs. Miller

Address.

1017 W. Pratt St.

Remarks.

in the father, and the maiden name of the mother of such child or children."

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 30^{ed} 1888

4. Place of Birth, (Street and Number)

1010 25th Heath St.

5. Full Name of Mother,

Mary Teller

6. Mother's Maiden Name,

Teller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Emil Teller

9. Father's Occupation,

Barkeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. Schwaner, M.D.

Address,

830 Hancock St.

Remarks,



of a person of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, and to cause the birth of the child to be duly registered within the period or periods so required, except in the case of the births and deaths of the children, and in the case of still-born children, shall otherwise fail to comply with the provisions of this section shall be deemed to be guilty of a misdemeanor, and shall therefore be liable to be removed from office and to be imprisoned for a term of not less than one month nor more than six months.

14313

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JUL 3 1893" is stamped in a bold, sans-serif font. The stamp is slightly faded and shows some wear.

Boy.

Zeit

127 July 1880

31 North Canal

Verdy Bush

Ernst Kraus

Germany

Marie Krause

Baker

Germany

or other Person who
makes this Return

Triscintia Kuntze

77 North Chapel St per *festina* hand L. R. 171

Healthy

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1-6 July 1883*

4. Place of Birth, (Street and Number) *Baltimore*

5. Full Name of Mother, *Kate Anton*

6. Mother's Maiden Name, *Kate Mardin*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Christ Mardin*

9. Father's Occupation, *Cannemaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Frederick Kunkel*

Address, *71 North Chapel, for Dr. Frederick Kunkel*

Remarks, *Healthy*



Should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar in the manner, and within the period, required by law, and to comply with the provisions of the section shall be subject to a fine of ten dollars.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *born on the 30 of June 1883*

4. Place of Birth, (Street and Number) *958 W. Pratt St.*

5. Full Name of Mother, *Mary Appleby*

6. Mother's Maiden Name, *McGriffith*

7. Mother's Birthplace, *born in Maryland*

8. Full Name of Father, *William A. Appleby*

9. Father's Occupation, *Worker*

10. Father's Birthplace, *born in Howard County Md.*

Name of Medical Attendant, or other Person who make this return *Mrs. Miller*

Address, *1217 W. Pratt St.*

Remarks.

At the instance of, and the written name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 30th 1883

4. Place of Birth, (Street and Number)

1010 25th Heath St.

5. Full Name of Mother,

Mary Thaler

6. Mother's Maiden Name,

Telle

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Emil Thaler

9. Father's Occupation,

Barrkeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. Lohman, M.D.

Address,

330 Hanover St.

Remarks,



should not be used as a record upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health in the manner and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "JUL. 3 1883" is stamped.

- TYPE PRINTERS AND STATIONERS.

should not otherwise be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, prescribed by the laws of this State, and the death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this Act, shall be deemed to be guilty of such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

1-24 July 1883

4. Place of Birth, (Street and Number)

Roller East

5. Full Name of Mother.

Rak Anton

6. Mother's Maiden Name.

Rak Staudin

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Christ Martin

9. Father's Occupation.

Cannemaker

10. Father's Birthplace.

Baltimore

Name of Medical Attendant.

or other Person who makes this Return

Cecilia Kunkel

Address.

71 North Chapel Street

Remarks.

Healthy



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace:

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fifth

Male

White

July 1 - 1883

75 Barre St.

Ezzie Stohmann
Schmidt

Baltimore

Geo. Wm. Stohmann

Baker

Baltimore

Mar. Koch

928 South Eutaw St.
Balt.

RETURN OF A BIRTH

64256

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

first
male

white

July 1st. 1883.

355 Lenox Ave.

Mary Gutberlet

Quinn

Balto. City

Chas. Gutberlet

Cigar Maker

Balto. City

J. O. Whiston M.D.

431 Lenox Ave.



the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to any punishment which may be imposed by such board, to be recoverable, and penalties shall be collectible.

The White

- Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*
Address *1256 1/2 St. N. N. 1916*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

3d child
male

colored

July 1st

no 113 York St

Rosa Gray

Rosa Johnson

Annerandle County

John Gray

laborer

Annerandle County

Mrs Lydia Porter

no 4 patisco avenue

healthy child



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall neglect or refuse to comply with the provisions of this act shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health, or of the court having jurisdiction of the same.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white race

3. Date of Birth, July the 1st

4. Place of Birth, (Street and Number) Baltimore - Byrd St. No 25

5. Full Name of Mother, Josephine Conway

6. Mother's Maiden Name, Kirby

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Antohn Conway

9. Father's Occupation, Shipcarpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Elizabeth Hetherington

Address, William St. No 34

Remarks, _____



Birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should, on other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 1st 1883

4. Place of Birth, (Street and Number)

224 1/2 East Baltimore Street

5. Full Name of Mother,

Mary Ann O'taylor

6. Mother's Maiden Name,

" " Gallagher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas O'taylor

9. Father's Occupation,

Restaurant-keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

James E. C. Shene, M.D.

Address,

47 1/2 East Street

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child
Female



1. Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 1 st 1883

4. Place of Birth, (Street and Number)

No 660 Light st.

5. Full Name of Mother,

Catharine Wooten

6. Mother's Maiden Name,

Gesch

7. Mother's Birthplace,

America
William Wooten

8. Full Name of Father,

Liquor maker

9. Father's Occupation,

Ireland

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J. Sobocasser midwife
330 Hanover st

Address,

Remarks,

any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars or imprisonment for a term of ten days, or both, at the discretion of the court.

RETURN OF A BIRTH 64392

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 226 N. Long St

Remarks,



July 1 1893

2902 N. Long St

Mary Sturgeon

Sturgeon

Baltimore

Augustus Sturgeon

Master

Baltimore

Mary A. Howell

of the parents, and the maiden name of the mother of each child or children."

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 1st 1883*
4. Place of Birth (Street and Number) *387 Duval Hill Ave*
5. Full Name of Mother *Mary C. Philman*
6. Mother's Maiden Name *" " Lang-*
7. Mother's Birthplace *Balt*
8. Full Name of Father *John M. Philman*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Lucas Baldwin*
- Address *152 Townsend St*
- Remarks *Balt,*

[illegible]

Male

While

July 1st 1883

No 22 Rynd. st.

Kate Schuman

Kate Baker

Baltimore

John Schuman

Labourer

Baltimore

Gertrude Hornumy

No 18 Byrd st

PRINTED AND PUBLISHED BY

Every parent, in whose care the first grand child of such mother and every mother, in whose care the first grand child of such mother, shall be born, or of any child shall be born, without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified in the art of midwifery, or of a person duly qualified in the art of nursing, or of a person duly qualified in the art of attending to the health of the mother, or of a person duly qualified in the art of attending to the health of the child, shall be liable to a fine of ten dollars, or to imprisonment for not more than six months, or to both such fine and imprisonment, at the discretion of the court, and such fine and imprisonment shall be recoverable by the State.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 1 July

4. Place of Birth, (Street and Number) 164 E. Euter street

5. Full Name of Mother, Annie Maglocky

6. Mother's Maiden Name, Myles

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Maglocky

9. Father's Occupation, Gas-fitter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,

name of the mother of such child or children.
name of the mother of the child, and the maiden

RETURN OF A BIRTH,

14-396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

July 12 1893

4. Place of Birth, (Street and Number)

358 Erie St.

5. Full Name of Mother

Mary Lamb

6. Mother's Maiden Name

Lilly

7. Mother's Birthplace

England

8. Full Name of Father

John Lamb

9. Father's Occupation

Restaurant

Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Edward J. DeWitt

Address

5th Avenue

Remarks

RETURN OF A BIRTH

64397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colonia

3. Date of Birth,

July 1st. 1883.

4. Place of Birth, (Street and Number)

32 Morris alley

5. Full Name of Mother,

Susan Burney

6. Mother's Maiden Name,

Webster

7. Mother's Birthplace,

Baltimore, Md.?

8. Full Name of Father,

Jacob W. Burney

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Augusta, Ga

Name of Medical Attendant, or other Person who makes this Return

W. D. Odew. Jamney, M.D.
242 W. Eutaw St

Address,

Remarks,

REG. CASES OR CH. REG.

RETURN OF A BIRTH

64398

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 18 1883

4. Place of Birth, (Street and Number)

Baltimore Orchard St 10 1/2

5. Full Name of Mother,

Larriet Moore

6. Mother's Maiden Name,

Harriet Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charlie Johnson

9. Father's Occupation,

Oyster Seller

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Chas. H. Goldborough

Address,

87 Holmes Alley

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, July 1st. 1883
Place of Birth, (Street and Number) No 137. McC Keldery St.
Full Name of Mother, Lizzie Langtetz
Mother's Maiden Name, " Randles
Mother's Birthplace, Baltimore
Full Name of Father, Jacob Langtetz
Father's Occupation, Confectionary
Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return 10. A. Butt
Address, 10. 185 S.E. cor. Central av. & Monument St.
Remarks, All Well

RETURN OF A BIRTH

64400

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 1st (1883)

4. Place of Birth, (Street and Number)

90 Campbell St

5. Full Name of Mother,

Victoria Coffman

6. Mother's Maiden Name,

Victoria Harvey

7. Mother's Birthplace,

Balti md

8. Full Name of Father,

George Harvey

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore md

Name of Medical Attendant, or other Person who makes this Return.

May C. Gentry

Address,

Child Living

Remarks,

RECEIVED BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, AUGUST 6, 1893.

RETURN OF A BIRTH 64401

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2, 1883

4. Place of Birth, (Street and Number) 15 The Half Street Chesnut

5. Full Name of Mother, Ellen Schen

6. Mother's Maiden Name, Ellen Bernhardt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schen

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. H. H. Mins

Address, 1 Lovejoy St.

Remarks,



of Child of Mother

RETURN OF A BIRTH

64402

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)....

male

2. Race or Color, (if not of the white race)

Copied

3. Date of Birth,

July 2nd

4. Place of Birth, (Street and Number)

gravel alley

5. Full Name of Mother,

Saphia E. Briggs Bond

6. Mother's Maiden Name,

Saphia E. Briggs

7. Mother's Birthplace,

Prince William Co Virginia

8. Full Name of Father,

George Jacob

9. Father's Occupation,

Cook

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Sarah A. Pennington

Address,

111 Lyson St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *July 2nd*

4. Place of Birth (Street and Number) *Baltimore July 2nd 1882*

5. Full Name of Mother *Annie Montgomery*

6. Mother's Maiden Name *Demurat*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Henry Dubrooks*

9. Father's Occupation *Laborer*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Elizabeth Scarborough*

Address *223 Montgomery St Balt*

Remarks

place of its birth, and the said certificate shall be delivered, duly signed by the registrars, in the form of a certificate, between the first and third day of each and every month to the head of the family, or to the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in charge of the child to report its birth to the Board of Health, in the manner, and at the time, and place, and in the form, and under the penalties of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, July 2^d 1883
 4. Place of Birth, (Street and Number) 104 Richmond St
 5. Full Name of Mother, Margaret Hecker
 6. Mother's Maiden Name, Lyncker
 7. Mother's Birthplace, Md.
 8. Full Name of Father, John Hecker
 9. Father's Occupation, Boxer
 10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, S Lane Tanyline
- Address, 219 Madison ave
- Remarks,



NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

64406

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



Mother (state whether 1st, 2d, 3d, &c)

2nd Child

her Male or Female)

Female Child

(if not of the white race)

Colored

(Street and Number)

July 1st 1883 at 1 o'clock

Gold Street

Mother

Louisa Smith

en Name

don't know

lace

Father

William Smith

tion

carriage driver

place

don't know

nal Attendant, or other Person who makes this Return.

Mrs. Caroline Jones

very healthy child.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

white

4. Date of Birth,

July 2nd. 8 p. m.

5. Place of Birth, (Street and Number)

66 N. Euter st.

6. Full Name of Mother,

Louisa Schendler

7. Mother's Maiden Name,

Louisa Appel

8. Mother's Birthplace,

Zeller, Hanover, Germany

9. Full Name of Father,

Joseph Schendler

10. Father's Occupation,

Sailor Tailor

11. Father's Birthplace,

Bavaria, Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mammel (Midwife)

Address,

228 Saratoga str.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 2nd 1893 (Land)*

4. Place of Birth, (Street and Number) *N 57 Lexington St.*

5. Full Name of Mother, *Don't Know*

6. Mother's Maiden Name, *Reatherberry*

7. Mother's Birthplace, *Don't Know*

8. Full Name of Father, *Don't Know*

9. Father's Occupation, *Don't Know*

10. Father's Birthplace, *" "*

Name of Medical Attendant,

or other Person who makes this Return

Address, *N 17 South Broadway*

Remarks, *If it is absolutely necessary might be questioning find out more but would rather not*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2 July

4. Place of Birth, (Street and Number) 89 Eden St

5. Full Name of Mother, Mary Platten

6. Mother's Maiden Name, "Hiehl

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Platten

9. Father's Occupation, Musician

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Ulbrich

Address,

48 Holland St

Remarks,

Balt.

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64411

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *July 2. 1883*
4. Place of Birth (Street and Number) *West St No 33*
5. Full Name of Mother *Christine Shaffer*
6. Mother's Maiden Name *Christine Shaffer*
7. Mother's Birthplace *Washington D. C.*
8. Full Name of Father *John Shaffer*
9. Father's Occupation *Engine Driver*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. S. Shaffer*
- Address *Rutger St. 114*
- Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



6
Male
White
July 2 1883
12 Castle St
An E. Goshel
An E. Goshel
Baltimore
Tom E. Goshel
Teacher
Baltimore
An E. Goshel
193 Chesapeake St

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-8-57

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name: May Wheeden

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd of 3rd

1. Sex (state whether Male or Female)

Male & Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 2nd 1883

4. Place of Birth (Street and Number)

512 S Charles st

5. Full Name of Mother

Alice Wheeden

6. Mother's Maiden Name

" Bell

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

Andrew Wheeden

9. Father's Occupation

Flagman on R.R.

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. Cooke

Address

110 York st

Remarks

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of children, and of still-born children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2nd 1883
4. Place of Birth, (Street and Number) 424 Anthony St
5. Full Name of Mother, Annice R. Hart
6. Mother's Maiden Name, Ritch
7. Mother's Birthplace, France
8. Full Name of Father, George B. Hart
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return Mrs. Anna M. Leggett
- Address, 182 Q. Woodward St.
- Remarks, _____

RETURN OF A BIRTH

64415

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st h.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

2 of July

4. Place of Birth, (Street and Number)

132 Maryland as Baltimore City

5. Full Name of Mother,

Lizzie Brown

6. Mother's Maiden Name,

Lizzie Perkins

7. Mother's Birthplace,

Archmont Co Virginia

8. Full Name of Father,

John Benson Brown

9. Father's Occupation,

Cookhouse

Father's Birthplace,

St Mary Co Md

Name of Medical Attendant,

or other Person who makes this Return

Mrs Annie Jackson

Address,

94 Tipton St

Remarks,

Strong well

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64416

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1-
Female

1. Sex, (state whether male or female)..

White.

2. Race or Color, (if not of the white race)

July 2, 1883

3. Date of Birth,

587 Lexington

4. Place of Birth, (Street and Number)

Addie Middleton

5. Full Name of Mother,

Addie Schloss

6. Mother's Maiden Name,

City

7. Mother's Birthplace,

Louis H. Middleton

8. Full Name of Father,

Merchant

9. Father's Occupation,

Germany

Father's Birthplace,

A. P. Duval MD

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a duly qualified person, the mother shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both, at the discretion of the court, unless she shall, within the period above specified, cause the birth of the child to be registered in the manner, and to the effect, provided for in this section. Any person or persons who shall offend, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

262 N. Dallas St.

4. Place of Birth, (Street and Number)

July 2, 1883,

5. Full Name of Mother,

Anna Robinson

6. Mother's Maiden Name,

Traker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Robinson

9. Father's Occupation,

Schumacker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Josephina Konrad

Address,

20. Barnes St

Remarks,



certificates, between the first and third day of each and every month to the Board of Health, in cases the birth of a child, and in all cases where the mother, immediately thereafter, is about to deliver the child, or in any other case where the birth of a child is about to take place, in the manner, and within the period above specified, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th

male

colored

July 2nd 1893

44. Hager Court

Elizabeth Scott

Elizabeth Johnson

Baltimore

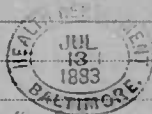
James Scott

Laborer

Baltimore

Harriet Jackson

5 Frank St



RETURN OF A BIRTH

64419

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
2. Sex, (state whether male or female) *female*
3. Race or Color, (if not of the white race) _____
4. Date of Birth, *2 of baby.*
5. Place of Birth, (Street and Number) *218 Madison Street*
6. Full Name of Mother, *Rosa Mary*
7. Mother's Maiden Name, *Rosa Neal*
8. Mother's Birthplace, *Philadelphia*
9. Full Name of Father, *John Mary*
10. Father's Occupation, *labor*
11. Father's Birthplace, *Baltimore*
12. Name of Medical Attendant, or other Person who makes this Return. *Mary L. Swann*
13. Address, *59 Lynde St*
14. Remarks, _____

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd July 1883

4. Place of Birth, (Street and Number) Balto Dallas St No 63

5. Full Name of Mother, Annastasia Matter

6. Mother's Maiden Name, An Vavrina

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Justin Matter

9. Father's Occupation, Cigar maker

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Mary DePitish

Address, 69 N Washington St

Remarks, Mary DePitish



should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth of a child which shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

64421

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 2^d 1883

4. Place of Birth, (Street and Number)

249 N. Fremont

5. Full Name of Mother,

Agnes ~~Johnson~~ Stevens
Johnson

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robt L Stevens

9. Father's Occupation,

Paper Merchant

Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Thomas O'Keefe M.D.

Address,

39 N. Carey St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 64422

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 2 1883

4. Place of Birth, (Street and Number) 150 Arlington Avenue

5. Full Name of Mother, Susanah Kinsey

6. Mother's Maiden Name, Cunningham

7. Mother's Birthplace, Hartford County

8. Full Name of Father, Seth Kinsey

9. Father's Occupation, Machinist

Father's Birthplace, Hartford County

Name of Medical Attendant, or other Person who makes this Return

Address, Marbury Brewer M.D.
68 McCallum St.

Remarks,

Learn, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

In case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of any other person, it shall be the duty of the parent or parents of such child to report the birth of the child to the Board of Health, and to cause the child to be registered, and to cause the child to be subject to a fine of ten dollars, or to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 2 1883

4. Place of Birth, (Street and Number)

180 S Broadway

5. Full Name of Mother,

Matilda Linsheimer

6. Mother's Maiden Name,

Newberger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Simon Linsheimer

9. Father's Occupation,

Cigar Manufacturer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St

Remarks,



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64424

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Julia Lawrence
Girl

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

color

3. Date of Birth

2 of August

4. Place of Birth (Street and Number)

vine street

5. Full Name of Mother

Julia Lawrence

6. Mother's Maiden Name

7. Mother's Birthplace

dont no

8. Full Name of Father

" "

9. Father's Occupation

dont no

10. Father's Birthplace

" " Carlina Jones

Name of Medical Attendant, or other person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

Light
female

July 3^d 1883
145 1st Barr St

Rose Albough

" Lincoln

Baltimore

Geo Albough

Corn Merchant

Baltimore

Dr A Lewis

162 Hanover St

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64406

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First
female
white

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 3^d. 1883.

4. Place of Birth, (Street and Number)

460. N. Calhoun St.

5. Full Name of Mother,

Martha D. Bofson

6. Mother's Maiden Name,

Coates

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Edward L. Bofson

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W. H. Harrison M.D.

Address,

431 Penna. Ave.

Remarks,

RETURN OF A BIRTH

64427

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

July 4th 1883



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 3rd

4. Place of Birth, (Street and Number) 386 New Alice St.

5. Full Name of Mother, Christine Heise

6. Mother's Maiden Name, Christine Thiedorn

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Heise

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend

Address, No. 137 D. Wolfe St.

Remarks, (initials)

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7th
Female

White

July 3d 1893

1617 Lombard - Maternity

Laura Able

Mary Laura

E. H. Madden M.D.

1617 Lombard St.

of the parent's, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born on the 3rd of July 1889

4. Place of Birth, (Street and Number)

86 North Union St.

5. Full Name of Mother,

Anna Blotzger

6. Mother's Maiden Name,

St. Mein

7. Mother's Birthplace,

Balta, Prussia

8. Full Name of Father,

Charles Blotzger

9. Father's Occupation,

Booker

Father's Birthplace,

Wiesbaden, Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Miller

Address,

197 N. Pratt St.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at a violence upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and with the particulars, and under the penalties, as may be required, except in the case of the birth of illegitimate children, and in such cases the parent or parents or such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 3rd 1883

4. Place of Birth, (Street and Number)

No. 88 Ridgely St.

5. Full Name of Mother,

Kathryn Reppmann

6. Mother's Maiden Name,

Veepfer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl J. Reppmann

9. Father's Occupation,

Restaurateur

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwaerer midwife

Address,

330 Hanover St.

Remarks,



In case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or of a person who is licensed by the Board of Health, the parents or other person be in at such time upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or such child to report its birth to the Board of Health, in the manner, and within the period also required, except in the cases of the births and deaths of illegitimate children, and in such cases the parents or other person shall be required to comply with the provisions of this section shall be subject to a fine of ten dollars, or such other penalty as may be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th
Female



July 3 - 1888

101 244 Baltimore av.

Mary Reinhardt

Schuman

Germany

Carl Reinhardt

Brickmoller

Germany

J. Schwaier midwife
330 Hanover st.

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at instance when the mother, immediately thereafter, it shall then become the duty of the person or persons attending such child to report its birth to the Board of Health, in the manner, and within the period or periods therein prescribed, and to cause the same to be duly recorded, and to cause any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 3

4. Place of Birth, (Street and Number)

217 Elliot st

5. Full Name of Mother,

Frederick Benner

6. Mother's Maiden Name,

Hartmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Benner

9. Father's Occupation,

Catcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address,

No 12 Patterson Park av

Remarks,



RETURN OF A BIRTH 64433

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 child

Sex, (state whether male or female)

male child

2. Race or Color, (if not of the white race)

colored child

3. Date of Birth,

12. Parrish alley

4. Place of Birth, (Street and Number)

13 July 1883

5. Full Name of Mother,

Melie Carrish

6. Mother's Maiden Name,

Baltimore - Mel

7. Mother's Birthplace,

Perry Wright

8. Full Name of Father,

Labron - Manera

9. Father's Occupation,

Baltimore City

10. Father's Birthplace,

Mary C. Jones

Name of Medical Attendant,

or other Person who makes this Return

Address,

1017 Wakefield St City

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64434

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Col'd

3. Date of Birth,

3 July

4. Place of Birth, (Street and Number)

83 Durham St

5. Full Name of Mother,

Julia Butler

6. Mother's Maiden Name,

Julia Giles

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Butler

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Morgan

Address,

47 North Durham

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64435

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 3rd 1883

4. Place of Birth (Street and Number)

Male alley

5. Full Name of Mother

Mary Stuart

6. Mother's Maiden Name

" Metzger

7. Mother's Birthplace

Christfield Md

8. Full Name of Father

George Stuart

9. Father's Occupation

Farmer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

D. J. Cooke

Address

110 Fort av

Remarks

RETURN OF A BIRTH

64436

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 3th 1883

4. Place of Birth, (Street and Number)

Climent St 58

5. Full Name of Mother,

Brigert Burke

6. Mother's Maiden Name,

Brigert Barrett

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Burke

9. Father's Occupation,

Laborer

Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Margie Ethel

Address,

No 13 Lucia St Forest Park

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 3th

4. Place of Birth, (Street and Number)

Cuba St No 15

5. Full Name of Mother,

Johanna Albars

6. Mother's Maiden Name,

Johanna Sawitzke

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Harvey Albars

9. Father's Occupation,

Laborer

Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Margaret Ethel

Address,

No 13 Cuba St

Remarks,

Print, in or their physical condition, whether adult-born or not, the full name, nativity, an residence of the parents, and the maiden name of the mother of each child or children.

bora, 1/2s or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64438

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3rd July 1883

4. Place of Birth, (Street and Number)

203 Kirby's Lane

5. Full Name of Mother,

Mc Atkinson Chalmers

6. Mother's Maiden Name,

Atkinson

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

St Chalmers

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes the Return

Wm Jackson Evans M.D.

Address,

1149 N. Fulton Ave.

Remarks,

Natural Labor

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5. Birth,

1. Sex, (state whether male or female)

Boi

2. Race or Color, (if not of the white race)

Wet

3. Date of Birth,

3 July

4. Place of Birth, (Street and Number)

Gough Street No 219

5. Full Name of Mother,

Eva Fetsch

6. Mother's Maiden Name,

" " Weind

7. Mother's Birthplace,

Liben Prussen

8. Full Name of Father,

Simon Fetsch

9. Father's Occupation,

Corn mager

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Inauer

Address,

Remarks,

See related Ats 201 # 9228



of the parents, and the maiden name of the mother of such child or children."

born, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64440

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 3rd 1889

4. Place of Birth, (Street and Number)

No. 55 Reberg street

5. Full Name of Mother,

Lizzie Crampton

6. Mother's Maiden Name,

do do

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Edwards

9. Father's Occupation,

Writer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Alvin Johnson

Address,

911 Johnson Street

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64441

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 3, 1883

4. Place of Birth, (Street and Number)

Ghent St 3rd door from N. Y.

5. Full Name of Mother

Lily C. Greene

6. Mother's Maiden Name,

Blackwell

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Walter R. Greene

9. Father's Occupation,

Builder

Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return

Mary A. Allwell

Address, 286 N. T. Street

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64442

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 2 1893

4. Place of Birth, (Street and Number)

311 Chestnut Ave.

5. Full Name of Mother,

Lucy B. Hunt-

6. Mother's Maiden Name,

Bargess

7. Mother's Birthplace,

Pittsburg

8. Full Name of Father,

Lucy B. Hunt-

9. Father's Occupation,

Freight

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 286 Mt. Denoyre st

Remarks,



born, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64443

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Spind
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 3 1893

4. Place of Birth, (Street and Number)

293 McKim St

5. Full Name of Mother,

Annie E. Cotton

6. Mother's Maiden Name,

Gulliver

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. E. Cotton

9. Father's Occupation,

Shoemaker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 286 W. Lombard St

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

18 RETURN OF A BIRTH 64444

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

male

white race

July 3

Baltimore City 145

Margery Riggs

Margery Riggs

Birthplace Baltimore

Joseph Riggs

Ship Smith

Birthplace Baltimore

Dr. J. M. Thornton
417 Bay Street South Baltimore



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First
Male
White

July 3rd 1883

208 N Carroll Street

Emma Maxwell

Morgan

Baltimore

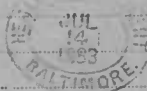
Thomas H. Maxwell

Electrician

England

J. W. Howell

Dr. Robert Carroll Street



RETURN OF A BIRTH

64446

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 2nd

1. Sex, (state whether male or female).. Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 3rd 1883

4. Place of Birth, (Street and Number) 341 Light St.

5. Full Name of Mother, Anna Sophia Hindus

6. Mother's Maiden Name, Schreyer

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Walter Hindus

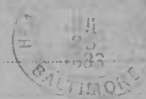
9. Father's Occupation, Confectioner

Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, Robert S. Lowe, M.D.

Address, 333 Light St.

Remarks,



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

July 3rd 1883

4. Place of Birth (Street and Number)

64 Althornale St.

5. Full Name of Mother

Kate Kavanagh

6. Mother's Maiden Name

Kate Luber

7. Mother's Birthplace

Maryland

8. Full Name of Father

Patrick Joseph Kavanagh

9. Father's Occupation

Shipwright

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this return

P. B. Jausch M.D.

Address

3, N. B. Way

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

State, and of their race and condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64498

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Reported by
Physician

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 3, 1893
452 E. Eager St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Margaret Hester
Shultz

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jessie Hester

9. Father's Occupation,

Printer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Mary A. Hester

Address, 286 N. Lombard St.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 3, 1883

4. Place of Birth, (Street and Number)

329 Lanvale Street

5. Full Name of Mother,

Clara O'Connell

6. Mother's Maiden Name,

O'Connell

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William O'Connell

9. Father's Occupation,

Carnage Builder

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Marbury Brown Esq

Address,

68 Mc Culloch St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July The 3rd 1885

4. Place of Birth, (Street and Number)

183 North Calum St

5. Full Name of Mother,

Rosa Klatt

6. Mother's Maiden Name,

Rosa Linnich

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Friedrich Klatt

9. Father's Occupation,

Hair Dresser

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs W. M. Mangel

Address,

345 Penna ave

Remarks,



State, in any case, physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64452

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 3d 88

4. Place of Birth, (Street and Number) 206 Franklin St.

5. Full Name of Mother, Leonard Fuller

6. Mother's Maiden Name, Lanna Isaacs

7. Mother's Birthplace, Md

8. Full Name of Father, Louis O. Fuller

9. Father's Occupation, Clerk

Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return

J. Miller MD
188 Franklin St.

Address,

Remarks,

62145-3

A circular seal of the Health Department, Baltimore, dated 1883. The seal features the text "HEALTH DEPT." at the top, "BALT." in the center, and "BALTIMORE" at the bottom. The year "1883" is prominently displayed in the center.

11 65

Male

(white face)
 Duly 4th 1883

1137 S Edenok

Clathroma Roenig

11 Jacob

Germany

Friedrich Koenig

Carpenter

Germany

Mrs Elizabeth Betz

120 Bank St.

Remarks: _____

+ COUNTRY PRINTERS AND STATIONERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: *William Stanley Bradburn*

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 4. 1883

4. Place of Birth, (Street and Number)

547 Franklin St.

5. Full Name of Mother,

Mollie Bradburn

6. Mother's Maiden Name,

Mollie Cross

7. Mother's Birthplace,

Med.

8. Full Name of Father,

William I. Bradburn

9. Father's Occupation,

Painter

Father's Birthplace,

Pa

Name of Medical Attendant,

or other Person who makes this Return

J. Miller M.D.

Address,

188 Franklin St.

Remarks,



of the parents, and the maiden name of the mother of each child or children.

of the birth, and the said attendant, shall be considered, duly sworn, by the practitioner, in the form of a certificate, between the first and third day of each and every month, in the Board of Health. In cases the birth of any child shall be recorded, the attendance of a physician, or other person, shall be required, and the duty of the period shall be performed, except in the cases of the birth in the Board of Health, in the manner, and within the period, as prescribed, and the said certificate shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 4 / 1893

4. Place of Birth, (Street and Number)

208 Spaca St

5. Full Name of Mother,

Maggie Miceen

6. Mother's Maiden Name,

Watts

7. Mother's Birthplace,

City

8. Full Name of Father,

Chas W Miceen

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Jno D Blake

Address,

Remarks,



RETURN OF A BIRTH

644.6

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

79
Female

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 4th 1883

4. Place of Birth, (Street and Number)

182 St. Durham St

5. Full Name of Mother,

Mary Groff Kopf.
Wesley

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Valentine Groff Kopf
Copper

9. Father's Occupation,

Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr Louise Krapp

Address,

236 Canton Ave

Remarks,

State, the full name, maiden name, and the maiden name of the mother of such child or children, of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64457

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4th July*
4. Place of Birth, (Street and Number) *Baltimore No 57 Cornway street -*
5. Full Name of Mother *Rosina Beckmann*
6. Mother's Maiden Name, *Rosina Bachmann*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harman Beckmann*
9. Father's Occupation, *Driver for a Wholesale Liquor store*
10. Father's Birthplace, *Warschawia*
- Name of Medical Attendant, or other Person who makes this Return *Dr J. M. M. M.*
- Address, *1 Sandusville St*
- Remarks,

RETURN OF A BIRTH

64458

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 11 1883

4. Place of Birth, (Street and Number)

213 Boston street canton

5. Full Name of Mother.

Mary A. Becker

6. Mother's Maiden Name.

Mary A. Becker

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Adam Becker

9. Father's Occupation,

Grocer

Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Gallens

Address,

104 Carley street canton

Remarks,

of the parents, and the maiden name of the mother of such child or children."

certificate, between the first and third day of each and every month in the Board of Health. In case the birth of any child shall occur without the attendance of a midwife, or should no other person be in attendance upon the mother, immediately thereafter the father or mother, or both, shall be under the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period now required, except in the cases of the births and deaths of illegitimate children, and any person who neglects or refuses to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4th of July 1883*
4. Place of Birth, (Street and Number) *46 Hammond Street*
5. Full Name of Mother, *Anna C. Schamber*
6. Mother's Maiden Name, *Anna C. Schamber*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Sharon J. Schamber*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Lucinda Kunkel*
- Address, *11 North Chapel St. per father Schamber*
- Remarks, *Healthy*

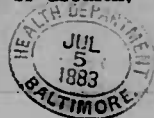


born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64460

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 4th 1883

4. Place of Birth, (Street and Number)

Maternity Hospital 161 N. Lombard

5. Full Name of Mother,

Louisa Smock

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Edw. Madden M.D.

Address,

161 N. Lombard

Remarks,

RETURN OF A BIRTH

64461

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh.

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth

July 4th 1883

Place of Birth, (Street and Number)

1229 Stiles St.

Full Name of Mother

Mary Hegge

Mother's Maiden Name

Mary Kelly

Mother's Birthplace

Baltimore City

Full Name of Father

John Hegge

Father's Occupation

Blacksmith

Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Ezra Flemming

Address

1295 Altamaha St.

Remarks

(City)

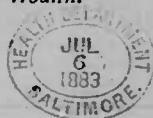
of the parent, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

64462

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 4th 1883
4. Place of Birth (Street and Number) Baltimore Light 225
5. Full Name of Mother Katharina Freitag
6. Mother's Maiden Name Steinmüller
7. Mother's Birthplace Germany
8. Full Name of Father O'Drillip Freitag
9. Father's Occupation Cigar Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Mrs Scarborough
- Address 220. Montgomery St Balt
- Remarks

64463

name, as in their previous edition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Remarks.

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2. 82.



Mr. Rowell

48 Holland St

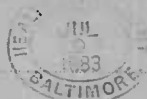


Print, now or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64464

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of July
4. Place of Birth, (Street and Number) 23 N. Broadway
5. Full Name of Mother, Louisa Huber
6. Mother's Maiden Name, Louisa Cordes
7. Mother's Birthplace, Virginia
8. Full Name of Father, Edward Huber
9. Father's Occupation, Preacher
10. Father's Birthplace, France
Name of Medical Attendant, or other Person who makes this Return Mary Walter
Address, 125 N. Caroline St.
Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64465

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *4th July, 1883*
4. Place of Birth, (Street and Number) *66 Jefferson Place*
5. Full Name of Mother, *Lusie Shipley Fitzpatrick*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Baltimore city*
8. Full Name of Father, *Nicholas Fitzpatrick*
9. Father's Occupation, *Public Weigher*
10. Father's Birthplace, *Brooklyn, New York*
Name of Medical Attendant, or other Person who makes this Return, *Wm. R. Hill MD*
Address, *119 E. Maryland Ave*
Remarks,

of the birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been licensed by the Board of Health, the person who has attended the birth of the child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d
1. Sex. (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, July the 11th
4. Place of Birth, (Street and Number) Baltimore west st. at 1st
5. Full Name of Mother, jeanetta cobb
6. Mother's Maiden Name, Bramming
7. Mother's Birthplace, frederick
8. Full Name of Father, Daniel Cobb
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Elizabeth Hathorn
- Address, william st at 3rd
- Remarks,



24

RETURN OF A BIRTH

64467

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The, 61
Female,



Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White,

3. Date of Birth,

Dec. 4, of July,

4. Place of Birth, (Street and Number)

No. 264, Chas. St,

5. Full Name of Mother,

Wilhelmina Schlichter

6. Mother's Maiden Name,

Wilhelmina Müller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Müller

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes the Return

Address,

Mrs. Cristina Sauer

Remarks,

173. Harbor View

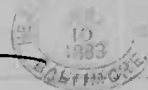
173

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64468

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 4, 1883

4. Place of Birth, (Street and Number)

7 Robt. St.

5. Full Name of Mother,

Eliza Brown

6. Mother's Maiden Name,

Eliza Bacon

7. Mother's Birthplace,

Mayland

8. Full Name of Father,

Wm. Brown

9. Father's Occupation,

Schooler

10. Father's Birthplace,

Mayland

Name of Medical Attendant, or other Person who makes this Return.

Ann Cornish

Address,

34 Boyd St.

Remarks,

64469

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

7. One child
 10. Female

Colard Race

July 11 1873

1882 Mcdonner St

Sally Thomsen
Miller Virginia

Lucinda Woolford
130 Register St



born, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

Return, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 birth

Sex, (state whether male or female) ...

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

4. Place of Birth, (Street and Number) ...

5. Full Name of Mother, ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return

Address, ...

Remarks, ...

3 birth

boy

weight

4 June

Soham Street No 286

Kathi Max

in Muller

Baltimore

August Max

Breitschge Baiern

Dr. A. Manner

Lombard Street No 248



to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 4th 1883

4. Place of Birth, (Street and Number)

1010 110 Baltimore av.

5. Full Name of Mother,

Anna Henriette

6. Mother's Maiden Name,

Keil

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Philipp Henriette

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

J. Schwaibler midwife
350 Hanover st.

Address,

Remarks,

RETURN OF A BIRTH

621472

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 4th 1883

4. Place of Birth, (Street and Number) No. 58 Race St.

5. Full Name of Mother, Helen A. E. Pemberton

6. Mother's Maiden Name, do. Wilson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John W. Pemberton Jr.

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, No. 2 Seldner St.,

Remarks,

of the parents, and the mother

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth.

4 July

Place of Birth. (Street and Number)

39 Albemarle street &
Leona Fox

5. Full Name of Mother,

Fady

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Henry Fox

8. Full Name of Father,

Store keeper

9. Father's Occupation,

England

10. Father's Birthplace,

Sarah Casper

Name of Medical Attendant,

or other Person who makes this Return

72 E. Lombard street

Address,

Remarks,



Missing

64474-64477, incl.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

GIVEN NAME ADDED 18-83-80
RETURN OF A BIRTH.

6247 50

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Name: **Irene Sweeting**
 Sex: **Female**
 Race or Color: **White**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race)

3. Date of Birth

July 4th 1883

4. Place of Birth (Street and Number)

172 N Eden Street

5. Full Name of Mother

Mollie T. Sweeting

6. Mother's Maiden Name

Mollie T. Davison

Mother's Birthplace

Baltimore Md.

Full Name of Father

Thomas B. Sweeting

9. Father's Occupation

Fish Dealer

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

J. Whitford M.D.

Address

195 Airgirth Street

Remarks

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

GIVEN NAME ADDED 10-20-50
RETURN OF A BIRTH.

644787

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



Name: Irene Sweeting

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

Mother's Birthplace

Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First Female
 White
 July 4th 1883

172 N Eden Street

Mollie G. Sweeting

Mollie G. Davison

Baltimore Md.

Thomas B. Sweeting

Fish Dealer

Baltimore Md.

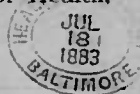
J. Whitford M.D.

195 Virginia Street

RETURN OF A BIRTH

64479

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(First, 11th)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 4th, 1883

4. Place of Birth, (Street and Number)

No. 11 Irving Place

5. Full Name of Mother,

Mrs. Annie Elsie Askey

6. Mother's Maiden Name,

Miss Annie Elsie Moore

7. Mother's Birthplace,

Philadelphia, Pa.

8. Full Name of Father,

Mr. John Askey

Father's Occupation,

Agent

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

or other person who makes this Return

Wm H. Colindenus M.D.

Address,

No. 102 N. Broadway

Remarks,

term, as to their physical condition. Whether still born or not, the name of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 6448a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d Child



1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 17 - 83

4. Place of Birth, (Street and Number)

13 - Henrietta St.,

5. Full Name of Mother,

Leida Spedden.

6. Mother's Maiden Name,

" Sudd.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Thos. W. Spedden.

9. Father's Occupation,

Merchant.

10. Father's Birthplace,

Worcester Co., Md.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Toll, M.D.

Address,

152 Sharp St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

2. Sex, (state whether male or female) *Male*

3. Race or Color, (if not of the white race)

4. Date of Birth, *July 5th 83*

5. Place of Birth, (Street and Number) *147 Immoral St*

6. Full Name of Mother, *Laura Welsh*

7. Mother's Maiden Name, *Laura Eubank*

8. Mother's Birthplace, *Wid*

9. Full Name of Father, *Edward Welsh*

10. Father's Occupation, *Chairmaker*

11. Father's Birthplace, *Wid*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

W. H. Miller M.D.
188 Franklin St

been, its or their physical condition, whether sufficient for life, the last name, name of the parents, and the maiden name of the mother of each child or children."

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



white
the 5 July
Hamburg St 353
Johanne C Lehne
Johanne C Schutte
Germany
Charles August Lehne
Carrington Piano maker
Germany
R. H. Munn
1 S. E. 1st St

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64483

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 5th 1883

4. Place of Birth, (Street and Number)

2001 Saratoga St

5. Full Name of Mother,

Emma Smith

6. Mother's Maiden Name,

Emma Russell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry P Smith

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. W. Keitt

Address,

121 W. Monument St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

2. Sex, (state whether male or female)

male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

July 5th 1883

5. Place of Birth, (Street and Number)

2121 N. Chesapeake

6. Full Name of Mother,

Ella Webb

7. Mother's Maiden Name,

Carey

8. Mother's Birthplace,

Baltimore Md

9. Full Name of Father,

Richard Webb

10. Father's Occupation,

Laborer

11. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

M. B. Billingsley

Address,

2566 E. Boston

Remarks,

born, or their physical condition, whether full-term or not, the sex, race, color, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

4488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

July 5th 1883

4. Place of Birth, (Street and Number)

15 Booth St

5. Full Name of Mother,

Kennie Brogton

6. Mother's Maiden Name,

Kettie Smith

7. Mother's Birthplace,

West River, Md

8. Full Name of Father,

Charlie Smith

Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Charlotte Parrot

Address,

10 Carlton St

Remarks,

born, its or their physical condition, the name of the mother of the child or children, of the parents, and the maiden name of the mother of the child or children.

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalties, provided in this act, and the regulations made thereunder, and with this report shall be accompanied by the usual certificate of the physician, or practitioner of midwifery, or other person or persons, who shall be responsible for the correctness of the statement, and shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*



1. Sex, (state whether ~~male~~ female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 5, 1883*

4. Place of Birth, (Street and Number) *S. Bond St. No. 13*

5. Full Name of Mother, *Mary Hechan*

6. Mother's Maiden Name, *Mary H. Minier*

7. Mother's Birthplace, *Groine Gyrshire, Gr. Britt. Europe*

8. Full Name of Father, *William Hechan*

9. Father's Occupation, *Chemical Workman*

10. Father's Birthplace, *Groine Gyrshire, Gr. Britt. Europe*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *6 Dallas St. No. 26*

Remarks, _____

[illegible]

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. Place of Birth, (Street and Number) 2140 1/2 E. 1st St. S. Minneapolis, Minn.

5. *Full Name of Mother.*6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 64488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, July 5th 1883

Place of Birth, (Street and Number) 137 Argyle Ave

Full Name of Mother, Josephine Vey

Mother's Maiden Name, " Woodlin

Mother's Birthplace, Virginia

Full Name of Father, Chas A Vey

Father's Occupation, Merchant

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return MRS Warner, mid

Address, Shaker & Townsend

Remarks,

RETURN OF A BIRTH

64489

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 8th

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 5 July 1883

4. Place of Birth, (Street and Number) 265-76 Mount St

5. Full Name of Mother, Ella Holly day

6. Mother's Maiden Name, " Chamberlain

7. Mother's Birthplace, Route 11

8. Full Name of Father, Geo T Holly day

9. Father's Occupation, collector

10. Father's Birthplace, Kent Co Md

Name of Medical Attendant, or other Person who makes this Return M. K. Kearney, M.D.

Address, Street & Town

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64490

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st,*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5th of July*

4. Place of Birth, (Street and Number) *162 N. Bond St.*

5. Full Name of Mother, *Julia Callis*

6. Mother's Maiden Name, *Julia Walgen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William T. Callis*

9. Father's Occupation, *Brick Layer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary Walter*

Address, *125 N. Caroline St.*

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

Birth certificate is taken the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above specified, except in the cases of the mother and father of illegitimate children, and any person or persons who shall neglect to do so, shall be liable to a fine of ten dollars, and to a term of ten days in the workhouse, or to both such offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14471
7th



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 3rd

4. Place of Birth, (Street and Number)

No. 170 Grand St.

5. Full Name of Mother,

Louisa Gernbach

6. Mother's Maiden Name,

" " Gernbach

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Gernbach

9. Father's Occupation,

Grocery

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Joseph Sierp

Address,

No. 170 Grand St.

Remarks,

64492

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 birth

Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

West

3. *Date of Birth.*

5 July

4. *Place of Birth, (Street and Number)*

Chappel street N 16

5. *Full Name of Mother, ...*

Regina Gumbor

6. *Mother's Maiden Name.*

" " " G. Schick

7. *Mother's Birthplace.*

Ernst Hauke

8. *Full Name of Father,*

Frank Burr Coe

9. *Father's Occupation,*

Tailor

Father's Birthplace.

Ekhardtshaus

Name of Medical Attendant, or other Person who makes this Return

F. S. S.

Address,

Remerks.

Ben Brainer

Lombard Street No. 278

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 10th 1893

4. Place of Birth, (Street and Number)

310 N. Augusta St.

5. Full Name of Mother,

Mary Hedger

6. Mother's Maiden Name,

7. Mother's Birthplace,

Manchester

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

E. F. Madden

Address,

111 N. Lombard St.

Remarks,



of the parents, and the maiden name of the mother of such child or children."

Print, in their presence condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64494

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 5-1883

4. Place of Birth, (Street and Number)

166 W. Macdonald St.

5. Full Name of Mother,

Charles C. Bell

6. Mother's Maiden Name,

Margaret C.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John G. Bell

9. Father's Occupation,

Bricklayer

10. Father's Birthplace:

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary C. McNeill

Address, 286 W. Donaghoe St.

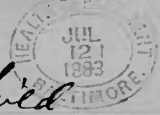
Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64495

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 5/83

4. Place of Birth, (Street and Number)

Gough & East St.

5. Full Name of Mother,

Ida Roberts

6. Mother's Maiden Name,

Barnes

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Samuel Roberts

9. Father's Occupation,

Oyster Commission Merchant

10. Father's Birthplace,

Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

R. M. Mansfield M.D.

Address,

117 Broadway

Remarks,

ГН
621496

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or if any person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report to his birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of legitimate children, and illegitimate children, who are so well provided for by the provisions of the section above. It shall be the duty of each officer, to well hereafter fail to comply with the provisions of the section above shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

2.) 6.

Male

A circular postmark from Baltimore, MD, dated JUL 13 1893. The text "BALTIMORE, MD." is curved along the bottom, and "JUL 13 1893" is in the center.

is the only

49 Farrow Street

Dizzie Grason

Sechler

Baltimore

Joseph S. Mason

Blacksmith

Baltimore

Sarah Casper

2. E. Lombard street

AND CITY FRONTIER AND STATISTICS.

64497

Baltimore City

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) 5th

-

Name of Medical Attendant, or other Person who makes this Return *Wm. Dertz Re*

Address. No 55 of Bond St

Remarks.

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be at hand upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, and under the penalties, hereinafter provided. If the child be illegitimate, stillborn, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or such other fine, to be recovered as with other fines and penalties are recoverable.

born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other Person who
makes this Return



4th.
Female

July 5th 1883
300 E. Lombard St.
Elizabeth Ann Le'Naire

" " Davy
Devon, England
John George Le'Naire
Painter (Coach)

Long Ferry Island, English Channel
Bl. G. Luck M.D.

Balt. & Wash. etc.
Natural

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name of the child or children, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth 5 July 1883.

4. Place of Birth (Street and Number) 156 E. Balt. St.

5. Full Name of Mother ^{Gone} Margaret Ella Lee

6. Mother's Maiden Name " Swanner

7. Mother's Birthplace Balt.

8. Full Name of Father Wm Lee.

9. Father's Occupation Plumber

10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



DR. B. F. LEONARD,
314 E. BALTIMORE ST.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

64500
64500
AUG 23 1883
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

64801

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

Sex, (state whether male or female)

3 males
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 5th 1883

4. Place of Birth, (Street and Number)

416 McHenry St Bal

5. Full Name of Mother,

Mary H. Skapp

6. Mother's Maiden Name,

Mary H. South

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jesse Skapp

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. S. Kelley

Address,

792 Pratt St Bal

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 21st 1883

4. Place of Birth. (Street and Number)

237 E. Lombard St.

5. Full Name of Mother,

Henry Lewis

6. Mother's Maiden Name,

W. H. Hodge

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Louis Lewis

9. Father's Occupation,

Cake Baker

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Susan Halligan

Address,

182 E. Monumental St.

Remarks,



Birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is licensed by the Board of Health, in the manner, and within the period herein required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

of the person, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64503

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 5th 1883

4. Place of Birth, (Street and Number)

98 Herman St.

5. Full Name of Mother,

Pauline Jungel
Schmidt

6. Mother's Maiden Name,

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Julius Jungel

9. Father's Occupation,

Bakery

10. Father's Birthplace,

Prussia

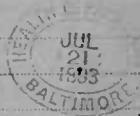
Name of Medical Attendant, or other Person who makes this Return

Mary Roth

Address,

328 South Euterpe St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the ~~white~~ race)

3. Date of Birth,

3-15 May 1893

4. Place of Birth, (Street and Number)

191. W. Barnum Ave
Baltimore

5. Full Name of Mother,

Sula Felden
Duckett

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

no
A. A. Felden
Merchant
no

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

Geo H. Lyster.
Waverly Terrace

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th
Female
White,
July 5, 1883.
61 E. Baltimore 5th
Jenni Cahn,
Jenni Levi.
Virginia
Benj. F. Cahn
Jeweller
German
J. W. Hoxk & Co
73 E. Balto. 6th

RETURN OF A BIRTH

4506

To the Office of Registrar of Vital Statistics, Board of Health,

1111

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 6th 1883

4. Place of Birth, (Street and Number)

619 Ridgely St

5. Full Name of Mother,

Augusta Kost

6. Mother's Maiden Name,

Augusta Weigand

7. Mother's Birthplace,

Baltimore city Maryland

8. Full Name of Father,

Karl Kost

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Baltimore city Maryland

Name of Medical Attendant, or other Person who makes this Return

J. H. Wiley M.D.

Address,

195 West Lombard Street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *64507*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) *1st*

Sex. (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *6th July*

4. Place of Birth, (Street and Number) *508 N. Calumet St*

5. Full Name of Mother, *Annie E. Tucker*

6. Mother's Maiden Name, *Richards*

7. Mother's Birthplace, *Bates Co. Mo.*

8. Full Name of Father, *John A. Tucker*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Wm. Warner M.D.*

Address, *Strecker & Goonsins*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64505

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th of July

4. Place of Birth, (Street and Number) 102 N. Caroline St.

5. Full Name of Mother, Mary Sivans

6. Mother's Maiden Name, Mary Eady

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Sivans

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline St.

Remarks,

RETURN OF A BIRTH

44509

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

July 6 1883

4. Place of Birth, (Street and Number)

73 East St

5. Full Name of Mother.

Jane Locke

6. Mother's Maiden Name,

Jane Boon

7. Mother's Birthplace,

Andersons Co

8. Full Name of Father,

Thomas Locks

9. Father's Occupation,

Walter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Lucindor Hooper

Address,

130 St Regis St

Remarks,



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14510

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first Colored female*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *10th July*

4. Place of Birth, (Street and Number) *14 Jasper Street*

5. Full Name of Mother, *Sarah Jane Wilmore*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Hartford Co. near Belare*

8. Full Name of Father, *Dagie Joins*

9. Father's Occupation, *Cubose*

Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return, *Gallie Peniston*

Address, *104 Tichen St.*

Remarks,

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

(state whether 1st, 2d, 3d, &c.)

Female
white
Judge 6
No 90 & B
Baltimore
Boat
white race)

RETURN

To the Office of Registration **BALM**

(date whether 1st, 2d, 3d, &c.)

..... (female)

..... white race)

No. of Child of Mother, _____
 Sex, (state whether male or female) _____
 or Color, (if not of the white race) _____
 Birth, _____ (Street and Number) _____

2. Race or Color

3. Date of Birth.
4. Place of Birth.
5. Full Name of Mother.

4. Place of Birth
5. Full Name of Mother's Maiden
6. Mother's Birthplace
7. Full Name of Father
8. Father's Occupation

6. Mother's Birthplace
7. Full Name of Father
8. Father's Occupation
9. Father's Birthplace
10. Father's Medical History

8. Full Name of Father's Occupation.

9. Father's Birthplace.

10. Name of Medical Attendant.

Address.

[illegible]

or other Person who makes this Return

female
white
yellow

for
white
rose

size 6 No 90
 State to Marton
 Peckham
 back

State No
State
State
State

to the
to the
to the

ackiel
Labourer

Mr. A. B. C.
 Mr. D. E. F.
 Mr. G. H. I.
 Mr. J. K. L.
 Mr. M. N. O.
 Mr. P. Q. R.
 Mr. S. T. U.
 Mr. V. W. X.
 Mr. Y. Z. A.

Harmon
31 Welf street



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH *6/5/11*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 6

4. Place of Birth, (Street and Number)

No 90 E Biddle street

5. Full Name of Mother,

Kate Marton

6. Mother's Maiden Name,

Kate Perry

7. Mother's Birthplace,

South Caroline

8. Full Name of Father,

Michael Marton

9. Father's Occupation,

Labour

10. Father's Birthplace,

Lehigh msa

Name of Medical Attendant,

or other Person who makes this Return

L. A. S. Marton

Address,

31 Wolf street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *64512*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *6th July 1883*

4. Place of Birth, (Street and Number) *76 Henrietta*

5. Full Name of Mother, *Isabella Mc Lane*

6. Mother's Maiden Name, *Meller*

7. Mother's Birthplace, *Ball*

8. Full Name of Father, *C. Mc Lane*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Ball*

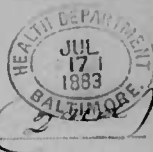
Name of Medical Attendant, or other Person who makes this Return *H. W. Webster*

Address, *57 Barron*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Child Born with hair Lips with only 2/3 of lower
Jaw Bone Developed also opening from Roof of mouth to
interior Nares & from Palate to Post. Nares very badly & will
die Cant Nurse.

Second
Female

White

July 6th 1883

88 1/2 Chase Street

Kate A. Anderson

Kate A. Plowman

Baltimore Md.

Robert R. Anderson

Fireman N. K. W.

Baltimore County Md.

J. E. Whitford M.D.

1450 Washington St.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, above required, except in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

329

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 21st 1883

4. Place of Birth, (Street and Number)

58 St. Marshall St.

5. Full Name of Mother,

Bachman, Rebecca

6. Mother's Maiden Name,

Rebecca

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Frank Marshall

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

John W. Brown M.D.

Address,

182 E. Marshall St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6/83

4. Place of Birth, (Street and Number) 166 N. Calhoun

5. Full Name of Mother, Louise Shields

6. Mother's Maiden Name, Lippincott

7. Mother's Birthplace, Penna

8. Full Name of Father, Walter A Shields

9. Father's Occupation, Hardware Salesman

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Thomas O'Brien

Address 39 N. Carey

Remarks.

RETURN OF A BIRTH *birth*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 6. 83.*

4. Place of Birth, (Street and Number) *Sprou Allen 402*

5. Full Name of Mother, *Anna Buryhesser*

6. Mother's Maiden Name, *Hermann*

7. Mother's Birthplace, *Balt. Co.*

8. Full Name of Father, *Valentin Buryhesser*

9. Father's Occupation, *Lebner*

10. Father's Birthplace, *Bavaria*

Name of Medical Attendant, or other Person who makes this Return *Dr. Johann Rausch*

Address, *S. Wolfstr No 14*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64517

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 6th 1883

4. Place of Birth, (Street and Number)

Maternity - 161 Lombard St

5. Full Name of Mother,

Sarah Brown

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

—

9. Father's Occupation,

10. Father's Birthplace,

E. F. Hedder M.D.

Name of Medical Attendant, or other Person who makes this Return

Address,

161 Lombard St

Remarks,

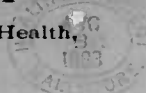


Printed and Stationed

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male

White

July 6, 1883.

9 N. Eutam 5th

Mary Theresa Kelly

Mary Theresa Volz.

Maryland.

John Kelly.

Restaurateur.

Ireland

J. W. Honck M.D.

75 E. Balt. 5th

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 7/83

4. Place of Birth, (Street and Number)

55 Alliceanna

5. Full Name of Mother,

Lizzie Meyer

6. Mother's Maiden Name,

Sommer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Meyer

9. Father's Occupation,

Labber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Haff

Address,

236 Canton Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

July 7/83
191 S. Bond St
Lina Oberle

Schwartz

Baltimore

John Oberle

Copper

Baltimore

Mrs Louise Kraft
236 Canton Ave



to the Registrar, with the name of the mother of the child, and the name of the father of the child.

RETURN OF A BIRTH

621521

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 7th 1893

4. Place of Birth, (Street and Number)

166 W. Bond St.

5. Full Name of Mother,

Jermetta Reichert
Miller

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Reichert
Laber

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mr Louise Kraft
236 Canton Ave

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64522

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male

White

July 7th 1883

93 Otterbein St

Regina Reimer

Regina Reuter

Baltimore

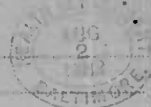
Frank Reimer

Clerk

Baltimore

Prof. Wm. W.

1 S. Calvert St



of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *July 7: 9.3 M. Day*
3. Date of Birth *266 E Pratt*
4. Place of Birth (Street and Number) *266 E Pratt*
5. Full Name of Mother *Phoebe Ann Reynolds*
6. Mother's Maiden Name *Phoebe A. Dawson*
7. Mother's Birthplace *S. West Virginia*
8. Full Name of Father *James Reynolds*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Balt. City*
- Name of Medical Attendant, or other Person who makes this Return. *James E. Driville M.D.*
- Address *299 E Baltimore St.*
- Remarks

With six cups of water, making distinctly the rate of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64524

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the ~~white~~ race) Colored

3. Date of Birth July 7. 1883

4. Place of Birth (Street and Number) No 57 Pine Alley

5. Full Name of Mother Anna Elizabeth Howard

6. Mother's Maiden Name Anna Elizabeth Downs

7. Mother's Birthplace North Carolina

8. Full Name of Father Charles Howard

9. Father's Occupation Laborer

10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return.

J W Clark Md

Address

No 36 Davis St City

Remarks

non

certificates between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above defined, except in the case of the births and deaths of children who are born and die within the period above defined, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

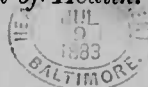
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 7th 1883.*
4. Place of Birth, (Street and Number) *139 Penna. Ave*
5. Full Name of Mother, *Florence Duering*
6. Mother's Maiden Name, *Gibbens*
7. Mother's Birthplace, *Pennsylvania.*
8. Full Name of Father, *Joseph Duering*
9. Father's Occupation, *Upholsterer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *W. H. Harrison M.D.*
- Address, *431 Penna. Ave*
- Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14

1. Sex (~~state whether male or female~~)

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

7. 7. 83

4. Place of Birth (Street and Number)

127 Erie

5. Full Name of Mother

Mary Ann Brown

6. Mother's Maiden Name

Brown

7. Mother's Birthplace

Balls

8. Full Name of Father

J. J.

9. Father's Occupation

10. Father's Birthplace

W. E. Ashman
349 Lexington

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, July 78

4. Place of Birth, (Street and Number) *105 N. Caroline St.*

5. Full Name of Mother, *Mrs. Kate Young*

6. Mother's Maiden Name, Paulus

7. Mother's Birthplace, Germany

8. Full Name of Father. *William H. H. H. H.*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address. No 55. S. Bond St

Remarks.

certificate, between the first and third day of each and every month to the Board of Health. In case the death of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person he or she in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and each offender, to be recovered as other fines and penalties are recoverable.

6/1/78

any person or persons who shall have or shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the court having jurisdiction of the case. The provisions of this act shall be in full force and effect from and after the date of its passage.

Second (2.)

Males

White

July 7. 1883,

237. St. Wolf. Ste

Marie Kaspar

14 Kaspar

Bohemia

John Kaspar

Taylor

Husi Bohemia

or other Person who
makes this Return

er other Person who
makes this Return
Barnes Josephina Konrad
St

Remarks.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ Male, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Eightth
Male
White
July 14th 1883
556. N. Gay Street
Susanah M. Hempel
Ebert
Germany
William Hempel
Hans Bruckner
Germany
J. W. Brown M.D.
S. E. Carey or family

RETURN OF A BIRTH

61131

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2th 1883

4. Place of Birth, (Street and Number) Wall St No. 27

5. Full Name of Mother, Elizabeth Shawman

6. Mother's Maiden Name, Elizabeth Eckard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charley Shawman

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 10 Adams Street

Remarks,



of the parents, and the maiden name of the mother of such child or children."

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH,

64531

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

July 7th 1883

4. Place of Birth, (Street and Number)

487 E. Pratt St.

5. Full Name of Mother

Emma L. Gallagher

6. Mother's Maiden Name

" M. C. Cima

7. Mother's Birthplace

Baltimore

8. Full Name of Father

James Gallagher

9. Father's Occupation

Shanty - Car - Driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edw. J. McDevitt

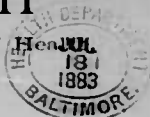
Address

54 Carey St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of
BALTIMORE CITY.



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

First (1st)

Female

White

July (7th) 1883

No. 1340 E. Fayette Street

Mrs. Ella E. Smith

Miss Ella E.razier

Baltimore, Md.

Mr. James M. Smith

Carpenter

England

Wm H. Henderson M.D.

No. 102 N. Broadway

9

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 64433

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) 2 females

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 7th 1883

4. Place of Birth, (Street and Number) 49 Gilmore St Bal

5. Full Name of Mother, Harriet Hoey

6. Mother's Maiden Name, Harriet Elshirode

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hoey

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs J Helley

Address, 792 Pratt St Bal

Remarks,

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

645311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th July 1883
4. Place of Birth, (Street and Number) 189 M^harmon
5. Full Name of Mother, Thirped Kelley
6. Mother's Maiden Name, Ireland
7. Mother's Birthplace, John Kelley
8. Full Name of Father, Laborer
9. Father's Occupation, Ireland
- Father's Birthplace, Dr. D. D. D. D. D.
- Name of Medical Attendant, or other Person who makes this Return, 207 Hanover St
- Address, Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan'y 7th 1883
4. Place of Birth, (Street and Number) 23 E. Eps. Elder St.
5. Full Name of Mother, Louisa K. Westover
6. Mother's Maiden Name, Schmitt
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward S. Westover
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return Mrs. Daniel H. Hagerist
- Address, 182 E. Monument St.
- Remarks,



certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur with the assistance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the delivery thereof, it shall then become the duty of the parent or parents of such child to return its birth to the Registrar of Vital Statistics, within the period of time specified, and no such certificate shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Sex, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 7th 83

4. Place of Birth, (Street and Number)

232 Harlem Ave. Albertazzi
Louisa Dolores ~~Kieckhafer~~

5. Full Name of Mother,

6. Mother's Maiden Name,

"

"

Kieckhafer

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Alfredo Albertazzi
Ship Broker

9. Father's Occupation,

Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Thomas Opie M.D.

Address,

39 N. Carey

Remarks,

64437

6
1883
BALTIMORE

7

Male

White

July 7th

157 Columbia Ave

Eda M. Bauer

Edg. w. Kimmont.

Baltimore

William F. Gauer.

Ped'or

Baltimore

Mrs. Seebach

Mo 439 West 12th St

Remarks

676. 9171 CHISTREK AND STATHAKOPOULOS.

RETURN OF A BIRTH 64538

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

July 7. 83.

Fremont Ave No 336

Margaret Hupper

West

Balt.

Harl Hupper

Patscher

Balt.

W. F. Brumbaugh

14

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64539

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, etc.)

9th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 7, 83.

4. Place of Birth, (Street and Number)

41 Durham St. No 50

5. Full Name of Mother,

Anna Wagner

6. Mother's Maiden Name,

Butter

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Georg Wagner

9. Father's Occupation,

Cuppper

Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes th's Return

Mr. J. Bruch

Address,

2 Wolf St No 14

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 7 - 1883

4. Place of Birth, (Street and Number)

268 S. Bond St.

5. Full Name of Mother,

Maggi S. Fritsch

6. Mother's Maiden Name,

Jurnbull

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alexander Fritsch

9. Father's Occupation,

Black - Maker

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mary J. J. J.

Address,

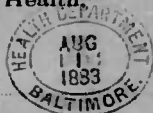
121 E. Pratt St.

Remarks,

of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 8th 1883

4. Place of Birth, (Street and Number)

430 Eastern Ave

5. Full Name of Mother,

Catherina Nieberlein

6. Mother's Maiden Name,

" Stockmann

7. Mother's Birthplace,

Bohemia City

8. Full Name of Father,

John Nieberlein

9. Father's Occupation,

Laborer

Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Bets

Address,

120 Bank St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

Certificates, between the first and third day of each and every month to the Board of Health, in case the
 birth of any child shall occur, without delay, and in case the birth of any child shall occur, without delay, and in case the
 should no other person be in attendance upon the mother, immediately thereafter, in the manner, and
 duty of the parent or person in attendance upon the mother, to report its birth to the Board of Health, in the manner, and
 within the period above specified, except in the cases of the births and deaths of illegitimate children, and
 any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
 to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *July 8th 1883*
4. Place of Birth, (Street and Number) *88 N Washington*
5. Full Name of Mother, *Laura Gluth*
6. Mother's Maiden Name, *" Clock*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Gluth*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth Bots*
- Address, *120 Bank St*
- Remarks,



RETURN OF A BIRTH

64543

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 8/83

4. Place of Birth, (Street and Number)

#39 Lancaster Str

5. Full Name of Mother,

Sophia Obert

6. Mother's Maiden Name,

Kranling

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Obert

9. Father's Occupation,

Port Police

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louis Kranling

Address,

285 Canton Ave

Remarks,

RETURN OF A BIRTH

64544

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Eight of July

4. Place of Birth, (Street and Number)

No 3 Leadenhall St

5. Full Name of Mother,

Hannah Jane Kratzer

6. Mother's Maiden Name,

" " Brunner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Friedrich Kratzer

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

City of Bremen Germany

Name of Medical Attendant, or other Person who makes this Return

Münch

Address,

No One Leadenhall St

Remarks,



RETURN OF A BIRTH *64545*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, &c., etc.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *8th July.*

4. Place of Birth, (Street and Number) *110 Warner St*

5. Full Name of Mother, *Sadie Carter*

6. Mother's Maiden Name, *Sadie Woodall*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Robert Carter*

9. Father's Occupation, *Glass Cutter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Riff King*

Address, *1 S. Davidson St*

Remarks,

RETURN OF A BIRTH

64546

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Girl

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 8 1883

4. Place of Birth, (Street and Number)

Chesapeake street (near Elliotts)

5. Full Name of Mother,

Bridget Canley

6. Mother's Maiden Name,

Bridget Keirney

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Francis Canley

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah Gullens

Address,

104 Canby street (cont'd)

Remarks,

Print the name of the mother of such child or children.

RETURN OF A BIRTH *62547*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *July 8th. 1883*
 4. Place of Birth, (Street and Number) *No 11 McCubben St.*
 5. Full Name of Mother, *Mary Grimes*
 6. Mother's Maiden Name, *Mary Ocker*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Henry Grimes*
 9. Father's Occupation, *Printer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *M. A. Butt*
 Address, *No. 185 S. E. cor. Central av. & Monument St.*
 Remarks, *All Well*

IN THIS SPACE TO BE FILLED WITH OTHER INFORMATION.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 64548

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. July 8th 1883

4. Place of Birth, (Street and Number) S. Ann Street

5. Full Name of Mother; Mary Adeline Nelson

6. Mother's Maiden Name, Earlin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter H. Nelson

9. Father's Occupation, Police Officer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return James J. McNamee, M.D.

Address, 47 East Pratt Street

Remarks, _____

RETURN OF A BIRTH.

64549

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
24
1893
VITALS

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 2nd July 1893

4. Place of Birth (Street and Number) Mansion House Fayette St Paul St

5. Full Name of Mother Ella Nichols

6. Mother's Maiden Name

7. Mother's Birthplace London Co Va

8. Full Name of Father George Nichols

9. Father's Occupation London Co Va

10. Father's Birthplace Farmer

Name of Medical Attendant, or other Person who makes this Return.

Address H. W. O'Leary

Remarks 364 Madison Ave

born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, July 5 1893

4. Place of Birth, (Street and Number) 148 Cross St

5. Full Name of Mother, Sarah Williams

6. Mother's Maiden Name, Est. Sarah Williams

7. Mother's Birthplace, Adams, Pa

8. Full Name of Father, James W. Kenil

9. Father's Occupation, Engineer

10. Father's Birthplace, Can. France

Name of Medical Attendant, or other Person who makes this Return. and Gibson

Address, St 103 Pennall

Remarks, born

Child John Thomas Kenil

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10
1893
BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex, (*state whether male or female*)

2. Race or Color, (*if not of the white race*)

3. Date of Birth.

4. Place of Birth, (*Street and Number*)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

July 8th / 83.
68. Calver St. - High St. & 10th St.
Hattie A. C. Ryan.
Hattie A. C. Ryan.
Baltimore, Md.
Joseph Ryan, Dr. O. R. R.
Specie Office,
Baltimore City, Md.
John L. C. Ryan, M.D.
273. Lexington St.

State, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

4552

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

July 8th. 11 P.M.

4. Place of Birth, (Street and Number)

99 Edmondson Ave

5. Full Name of Mother,

Mrs Sallie White

6. Mother's Maiden Name,

Sally Cook.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm P. White

9. Father's Occupation,

Insurance Agent

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

A. H. Jackson, M.D.

Address,

173 Lexington St

Remarks,

28 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) German White

3. Date of Birth, 8th of July 1883

4. Place of Birth, (Street and Number) Patterson Park Ave No. 30

5. Full Name of Mother, Kathie Müller

6. Mother's Maiden Name, Kathie Vollmerhausen

7. Mother's Birthplace, Germany

8. Full Name of Father, Casper Müller

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. Hill

Address, Lancaster street No. 73.

Remarks, Well and Healthy

should an other person be in attendance upon the mother, he shall, hereafter, it shall their become the duty of the parent or parents of such child to report the birth to the Registrar, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

64584

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 8 1882
4. Place of Birth, (Street and Number) No 23 Randale St
5. Full Name of Mother, Susan Emily Cochran
6. Mother's Maiden Name, Susan E. Pritchett
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, George W. Cochran
9. Father's Occupation, Contractor on B & O R R
10. Father's Birthplace, Dorchester Co Md
- Name of Medical Attendant, or other Person who makes this Return E. Hinton
- Address, No 634 S Charles Street
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 8

4. Place of Birth, (Street and Number)

418 E Madison street

5. Full Name of Mother

Hanna Ridy

6. Mother's Maiden Name,

Hanna Reade

7. Mother's Birthplace,

Washington

8. Full Name of Father,

George Ridy

9. Father's Occupation,

Bonolcher

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

L. A. L. Overton

Address,

30 Walf

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

64556

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 27th, 1883.

4. Place of Birth, (Street and Number)

No 48 Union St.

5. Full Name of Mother,

Lory Mercedes

6. Mother's Maiden Name,

" Stine

7. Mother's Birthplace,

Bayern

8. Full Name of Father,

John Mercedes

9. Father's Occupation,

Laboe

10. Father's Birthplace,

Bayern

Name of Medical Attendant, or other Person who makes this Return

C. Schmitt

Address,

No 548 Penna Ave

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) _____

3. Date of Birth July 8, 1890

4. Place of Birth (Street and Number) Baltimore, Md. No 136 Bridge St.

5. Full Name of Mother D. Francis Spudwig

6. Mother's Maiden Name Spudwig, Eldcamp

7. Mother's Birthplace Cambridge, Md.

8. Full Name of Father Henry Spudwig

9. Father's Occupation Br. Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Shaffer

Address No 114 Bridge St Baltimore

Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 8 July

4. Place of Birth, (Street and Number) 31 Jackson

5. Full Name of Mother, Martha Davis

6. Mother's Maiden Name, Eskenstein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benton Davis

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 8th 1893

4. Place of Birth, (Street and Number)

349 E. Balt. St.

5. Full Name of Mother,

Mary Elizabeth Lawson

6. Mother's Maiden Name,

" " Jones

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Albert Lawson

9. Father's Occupation,

Ship-Smith

10. Mother's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Ch. C. Rusk Ch. M.D.

Address,

Balt. & Wash. Sts.

Remarks,

Normal



Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64560

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *2nd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *July 8, 1883*
4. Place of Birth (Street and Number) *No. 125 Mc. Eldery St. Balto. Md.*
5. Full Name of Mother *Mary John*
6. Mother's Maiden Name *Mary Barbier*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John John*
9. Father's Occupation *Tailor*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Caroline Moller*
- Address *No. 5 Walker St. Baltimore Md.*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male
White
July 8th 1889
20 Gillingham
Annie C. Heckethorn
Sudson
Baltimore
George G. Heckethorn
Laborer
Baltimore
Theodore Cook M.D.
146 Hanover St

Printed and Stationers

RETURN OF A BIRTH

64562

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 24, 1883

4. Place of Birth, (Street and Number)

23 Howard St

5. Full Name of Mother,

Sarah C. Woodall

6. Mother's Maiden Name,

Gray

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. S. Woodall

9. Father's Occupation,

Junck Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Frederic Cooke M.D.
per L. B.

Address,

Remarks,

RETURN OF A BIRTH

64563

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, —

1
male
white
July 8, 1880
158 E. Monument St.

Clara Crow

Clara Crow

Baltimore

Mr. Robert Crow Bell Hanger

Bell Hanger

Baltimore

J. S. H. H. H.

148 N. E. St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Male
Colored
July 8 1883
39 Longwood St
Annie G. D.
Annie Herbert
Prince Georges County
Md
Stevens
Prince Georges County
Md
Off Elbow Lane
Five dollars

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth.*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 8. 1883.*
4. Place of Birth, (Street and Number) *305 South St.*
5. Full Name of Mother, *Louisa Hubert*
6. Mother's Maiden Name, *Feller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Hubert*
9. Father's Occupation, *Coppersmith*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*
- Address, *No 12 Patterson Park av*
- Remarks.



should no other person be in at evidence upon the mother, immediately after the birth, or when becoming the duty of the parent or parents, or such child to report its birth to the Board of Health, in the case of any person or persons who shall hereafter fail to comply with the provisions of the Act, and section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

64567

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *July 9th.*
5. Place of Birth, (Street and Number) *2101 N. Howard St*
6. Full Name of Mother, *Mary E Harris*
7. Mother's Maiden Name, *Roadrick*
8. Mother's Birthplace, *Hagerstown Md*
9. Full Name of Father, *John W Harris*
10. Father's Occupation, *Confectioner*
11. Father's Birthplace, *Albany N.Y.*
- Name of Medical Attendant, or other Person who makes this Return *Dr J. L. Latham*
- Address, *36 Fulkerson Ave.*
- Remarks, *Healthy child*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH ⁶⁴⁵⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, July 9 1883

4. Place of Birth, (Street and Number) 263 S. Bond St.

5. Full Name of Mother, Ester Weinberg

6. Mother's Maiden Name, Mrs. Kowitz

7. Mother's Birthplace, Polen

8. Full Name of Father, Samuel C. Weinberg

9. Father's Occupation, Sailor

10. Father's Birthplace, Polen

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Hays

Address, 236 Canton Ave.

Remarks, _____



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 9th 1883

4. Place of Birth, (Street and Number)

230 North Filmore St

5. Full Name of Mother,

Etta C. Jourley

6. Mother's Maiden Name,

Etta Corrington

7. Mother's Birthplace,

Wilmington

8. Full Name of Father,

Thomas B. Jourley

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Address,

119 Edmondson Ave
J. H. Hawley, M.D.

Remarks,

RETURN OF A BIRTH *64570*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 9th

4. Place of Birth, (Street and Number)

733 W. Baltimore St.

5. Full Name of Mother,

Ellen M. Curley

6. Mother's Maiden Name,

Ellen J. Hales

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William M. McCuskey

9. Father's Occupation,

Merchant

☒ Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Perkins

Address,

No. 2 Cathedral St.

Remarks,

RETURN OF A BIRTH

64571

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 9

4. Place of Birth, (Street and Number)

Hamburg near Hanover
Laura J. Clarkson

5. Full Name of Mother.

Kelly

6. Mother's Maiden Name,

Canoh Co.

7. Mother's Birthplace,

I C Clarkson

8. Full Name of Father,

Clergyman

9. Father's Occupation,

Passy

10. Father's Birthplace,

Hamlet Md.

Name of Medical Attendant, or other Person who makes this Return

251 Mad. av.

Address,

Remarks,

RETURN OF A BIRTH

62572

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,...

July 9 1893

4. Place of Birth, (Street and Number)

25 Reed St

5. Full Name of Mother, ..

Lollie Price

6. Mother's Maiden Name, ..

Lollie Herman

7. Mother's Birthplace, ..

City

8. Full Name of Father, ..

Frank Price

9. Father's Occupation, ..

Lumber merchant

10. Father's Birthplace, ..

City of Maryland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth 9th July
4. Place of Birth (Street and Number) 11 W. Lombard St.
5. Full Name of Mother Mrs. O'Brien
6. Mother's Maiden Name William
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Joseph O'Brien
9. Father's Occupation Doctor
10. Father's Birthplace Eastern Shore Md.
- Name of Medical Attendant, or other Person who makes this Return. City Surgeon
- Address 25 E. 1st St.
- Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 7 July

4. Place of Birth, (Street and Number) 61 President street

5. Full Name of Mother, Anna Balester

6. Mother's Maiden Name, Grover

7. Mother's Birthplace, Grover Italy

8. Full Name of Father, Italy Marin Balester

9. Father's Occupation, Tavern

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return Sarah C. C. C.

Address, 72 E. Lombard street

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 9/13.

4. Place of Birth (Street and Number)

188 Edmondson Ave.

5. Full Name of Mother

Minnie Sasser.

6. Mother's Maiden Name

Mamie Wilson.

7. Mother's Birthplace

Kent Co Md.

8. Full Name of Father

William J. Sasser.

9. Father's Occupation

Salesman.

10. Father's Birthplace

P. Co. Co Md

Name of Medical Attendant, or other Person who makes this Return.

John Pennington M.D.

Address

134 McCarroll Ave.

Remarks

Birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should be attended by any other person, the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause the birth to be registered in the manner and within the period above required, except in the case of the birth, and death of a child, which is not subject to a fine of ten dollars. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and shall also be liable to be prosecuted as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

9 July

4. Place of Birth, (Street and Number)

49 Calvert street

5. Full Name of Mother,

Camela Depaulo

6. Mother's Maiden Name,

Liberta

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Joseph Depaulo

9. Father's Occupation,

Fruit store

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64577

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
Male
July 11
1893
Madison Court
C. J. Shaler
C. J. Shaler
Baltimore
Mr. Shaler
Soldier
Cincinnati, Ohio
M. S. Shaler
237 Madison Court

RETURN OF A BIRTH, 14578

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
2. Sex (state whether male or female) Female.
3. Race or Color, (if not of the white race) White, race.
4. Date of Birth July, 21st, 1893.
5. Place of Birth, (Street and Number) St. 657 Light. st.
6. Full Name of Mother Sarah R. England.
7. Mother's Maiden Name Chapman.
8. Mother's Birthplace Balto. Md.
9. Full Name of Father John. A. England.
10. Father's Occupation Engineer.
11. Father's Birthplace Balto. Md.
12. Name of Medical Attendant, or other Person who makes this Return. Annie. Green.
- Address 634. Light. st.
- Remarks _____

RETURN OF A BIRTH

64579

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 9th 1883

4. Place of Birth, (Street and Number)

662 S. Charles St.
Rosa, A. Davis

5. Full Name of Mother,

" " Davis

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

J. W. W. W. W.

9. Father's Occupation,

Wachinist

10. Father's Birthplace,

Hagerstown, Md.

Name of Medical Attendant, or other Person who makes this Return

Theodore Cooke

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 July 1883

4. Place of Birth, (Street and Number) Batts. Orleans St.

5. Full Name of Mother, James Daires

6. Mother's Maiden Name, Ann. Ritina

7. Mother's Birthplace, Bolonia

8. Full Name of Father, Thomas Daires

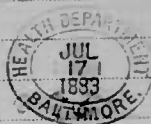
9. Father's Occupation, Carpenter

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mary Kaptish

Address, 69 N. Washington St.

Remarks, Mary Kaptish



back of any child about seven without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the case of a child born with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks,

July 9th, 1893

No. 272, Chen St.

Ida, Virginia, Joyner

" " Rogers

Baltimore

Lernard, Joyner

Confectioner

Baltimore

Wm. S. Russell

238, N. Broadway

Print the name of the mother of the child or children.

RETURN OF A BIRTH

64582

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th
Male

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 9th 1883
16 Cross St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Maggie Wedekind
Miller

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jos. Wedekind
Laborer

9. Father's Occupation,

10. Father's Birthplace,

Rur. - Hesse - Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Knoch
328 South Eutaw St

Address,

Remarks,

On this certificate, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seven child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 9 1883*

4. Place of Birth, (Street and Number) *142 Chaderay st*

5. Full Name of Mother, *Carlina Schlambach*

6. Mother's Maiden Name, *Hanna*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Gottlieb Schlambach*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*

Address, *No 12 Patterson Park av*

Remarks,



shall be any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of illegitimate children, and in the case of any person or persons who shall heretofore fail to comply with the provisions of this act, he or she will be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

NOTE: If any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and to the person, or persons, designated by the Board of Health, and shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) -

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

West. race

Monmouth 9. July 1883

Scott Str. N. 73.

Luisa, Stagg.

Luisa Freje,

German

Christian Stagg.

Moulder

German

Mrs. Decker

West Pratt St



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd / 1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 10, 1883*

4. Place of Birth, (Street and Number) *205 Columbia ave*

5. Full Name of Mother, *Bertha Toner*

6. Mother's Maiden Name, *" McFrederick*

7. Mother's Birthplace, *md*

8. Full Name of Father, *Joshua Toner*

9. Father's Occupation, *Blocksmith*

10. Father's Birthplace, *md.*

Name of Medical Attendant, or other Person who makes this Return *Chas Lane Faneyskell*

Address, *219 madison ave*

Remarks, *Primipara, age over 33, tedious but no instruments*



should be in attendance upon the mother, immediately before, at, and after the birth of the child, and in all cases where the mother is unable to attend to the child, the duty of the parent or parents of such child to report its birth to the Board of Health, and to cause the child to be registered, except in the cases of the births and deaths of illegitimate children, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 10th

4. Place of Birth, (Street and Number)

No 208 William St

5. Full Name of Mother,

Emma Mattingley

6. Mother's Maiden Name,

" A Kers

7. Mother's Birthplace,

City

8. Full Name of Father,

Edward Mattingley

Father's Occupation,

Ferryman

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

J. C. Burch M.D.

Address,

151 Hanover St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 10th

4. Place of Birth, (Street and Number)

No 15 Russell St

5. Full Name of Mother,

Laura Fisher

6. Mother's Maiden Name,

" Vassant

7. Mother's Birthplace,

City

8. Full Name of Father,

Edward Fisher

Father's Occupation,

Builder

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

J. B. Buck M.D.

Address,

151 Hanover St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *14588*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
July 10, 1883
179 William
Florence R Dashiell
Mullen
Balto
John H Dashiell
Huckster
Balto
Mrs A Hush

should no other person be in at variance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and who shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *July 10 1883*

4. Place of Birth, (Street and Number) *No 1 Hill street Mar light*

5. Full Name of Mother, *Janie mason*

6. Mother's Maiden Name, *Janie Watson*

7. Mother's Birthplace, *crispfield Somerset county*

8. Full Name of Father, *sanders Watson*

9. Father's Occupation, *farmer*

10. Father's Birthplace, *crispfield*

Name of Medical Attendant, or other Person who makes this Return *M. i. wife*

Address, *Mary Chow*

Remarks, *grindall court*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 10th, 1883

4. Place of Birth, (Street and Number) No 488 Stockton St

5. Full Name of Mother, Mary Beck

6. Mother's Maiden Name, " Krumpholtz

7. Mother's Birthplace, Prussia

8. Full Name of Father, Philip Beck

9. Father's Occupation, Labor

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return C. Schmidt

Address, No 848 Pennsylvania

Remarks,

Not to be filled in, with the name of the mother of twins, or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 10th 1883

4. Place of Birth, (Street and Number)

N^o 10 Elizabeth Lane

5. Full Name of Mother,

Eva Kawalche

6. Mother's Maiden Name,

Eva Pistan

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Kawalche

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

Calvin Hermann

Address,

N^o 18 Byrd St

Remarks,



in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, respectively, provided by law. In the case of the birth of a still-born child, or of a child born dead, any person or persons who shall have attended the mother, or who shall have been present at the birth, shall be subject to a fine of ten dollars, with affiance, to be recovered as other fines and penalties are recoverable.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
except an other person be in attendance upon the mother, immediately thereafter, it shall then become the
duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
within the period above required, except in the cases of the birth and death of illegitimate children, and
any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject
to a fine of ten dollars and costs, and shall, in addition, be liable to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10th (1883)

4. Place of Birth, (Street and Number) No 177 E Pratt st

5. Full Name of Mother, Mrs. Maggie Foyler

6. Mother's Maiden Name, Solomon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Foyler

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Goetzke

Address, No 85 S. Bond st

Remarks:



QW

12/19/3

Name of Child: Lehman Lorenz
No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st child

- 

Name of Medical Attendant, or other Person who makes this Return *Eusebia Kunkel*
Address, *71 North Chapel St. from Eusebia Kunkel*
Remarks, *Healthy*

33 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

10 July

4. Place of Birth, (Street and Number)

5 Watson street

5. Full Name of Mother,

Lizzie Fannin

6. Mother's Maiden Name,

Nitric

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Fannin

9. Father's Occupation,

Hack driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street.

Remarks,



Birth of any child shall occur without the attendance of a physician, or a practitioner of any other branch of medicine, or a nurse, or a midwife, or a person acting in any of these capacities, shall be subject to a fine of ten dollars, and the parent or parents of such child, except in the case of the birth of a child, shall be subject to a fine of ten dollars, and the parent or parents of such child, except in the case of the birth of a child, shall be subject to a fine of ten dollars, and the parent or parents of such child, except in the case of the birth of a child, shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 10*

4. Place of Birth, (Street and Number) *Cropper No 52. 3rd*

5. Full Name of Mother, *Carlin Hope*

6. Mother's Maiden Name, *Carlin Johnson*

7. Mother's Birthplace, *Eastern Shore Md*

8. Full Name of Father, *Robert Cropper*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *Beth County*

Name of Medical Attendant, or other Person who makes this Return *Suse Morgan*

Address, *47 Durham St*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64596

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July the 10 1893

4. Place of Birth, (Street and Number)

24 N. E. 1st St. Extended

5. Full Name of Mother,

Mary Leibel

6. Mother's Maiden Name,

Holland

7. Mother's Birthplace,

Baltimore city Md

8. Full Name of Father,

Henry Leibel

9. Father's Occupation,

Tailor

Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return.

W. M. E. Hurley

Address,

24 N. E. 1st St.

Remarks,

labor normal Weight 12 lbs. Length 22 in

RETURN OF A BIRTH

64597

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 10th 1893

4. Place of Birth, (Street and Number)

6150 Sunnyside St

5. Full Name of Mother,

Elizabeth B. Burkett

6. Mother's Maiden Name,

Calvert C. W.

7. Mother's Birthplace,

8. Full Name of Father,

Sam'l R. C. Burkett

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Calvert C. W.

Name of Medical Attendant, or other Person who makes this Return

Theodore Cook

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64591

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 10, 1883 -

4. Place of Birth, (Street and Number)

83 William St.

5. Full Name of Mother,

Mary Auld,

6. Mother's Maiden Name,

Tall.

7. Mother's Birthplace,

Balto. City -

8. Full Name of Father,

John E. Auld,

9. Father's Occupation,

Machinist -

10. Father's Birthplace,

Balto. City -

Name of Medical Attendant, or other Person who makes this Return

Ref. H. Tall, M.D.,

Address,

152 Sharp St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

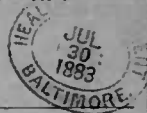
State of Maryland, which shall be true or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

621599

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) W

3. Date of Birth July 10 1883

4. Place of Birth, (Street and Number) N^o 23 Franklin

5. Full Name of Mother Sophia Patterson

6. Mother's Maiden Name Stephen Beck

7. Mother's Birthplace Kent co Md

8. Full Name of Father W. P. Patterson

9. Father's Occupation Merchant

10. Father's Birthplace Baldy Md

Name of Medical Attendant, or other Person who makes this Return. A. H. Patterson

Address 23 Franklin

Remarks _____

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother immediately thereafter, it shall be deemed that the physician, practitioner of midwifery, or other person, has neglected his or her duty, and shall be liable to a fine of ten dollars, to be recovered as other fines and penalties are recoverable, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- 2 1/2 6 1883
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 10, 1883.*
4. Place of Birth, (Street and Number) *41 Penn St*
5. Full Name of Mother, *Mina Hallmeyer*
6. Mother's Maiden Name, *Mina Basse*
7. Mother's Birthplace, *Beckenroth Germany*
8. Full Name of Father, *Adam Hallmeyer*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baranau Germany*
- Name of Medical Attendant, or other Person who makes this Return *M. J. Bach*
- Address, *No 439 West Pratt St*
- Remarks,

RETURN OF A BIRTH

64601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, July 10th 1883
 4. Place of Birth, (Street and Number) # 58 Fairmount Ave.
 5. Full Name of Mother, Annie Elizabeth Crough
 6. Mother's Maiden Name, Wilcox
 7. Mother's Birthplace, City
 8. Full Name of Father, James Ambrose Crough
 9. Father's Occupation, Chair Maker
 10. Father's Birthplace, City
 Name of Medical Attendant, or other Person who makes this Return T. C. P. Jones M.D.
 Address, 375 E. Baltimore St.

Remarks, This report was unintentionally overlooked by me or it would have been sent in by the first of it.

In case the birth of any child shall first be reported to the Board of Health, by a physician, or of a practitioner of midwifery, or by a nurse, or by any other person, who shall become the duty of the parent or parents of such child to report its birth to the Board of Health, in the section shall be subject to a fine of ten dollars, and be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 11th 1883

4. Place of Birth, (Street and Number)

173 East St

5. Full Name of Mother,

Anna Henderson

6. Mother's Maiden Name,

" E. Herald

7. Mother's Birthplace,

8. Full Name of Father,

Thos W. Henderson

9. Father's Occupation,

Stevenson

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Bot

Address,

120 Bank St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 11th 1883

4. Place of Birth, (Street and Number)

367 Eastern Ave

5. Full Name of Mother,

Regina Seitz

6. Mother's Maiden Name,

" Kellner

7. Mother's Birthplace,

Joseph Seitz

City

8. Full Name of Father,

9. Father's Occupation,

Moulder

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Seitz

Address,

120 Balch St

Remarks,



RETURN OF A BIRTH

64604

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 11 1893

4. Place of Birth, (Street and Number)

107 Leary Court

5. Full Name of Mother,

Kassandra Garle

6. Mother's Maiden Name,

" Stump

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Garle

9. Father's Occupation,

House Painter

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other Person who makes this Return

M. J. Luman

Address,

20 Frederick Ave

Remarks,

A nice large baby

This form is to be filled out by the mother of such child or children.

RETURN OF A BIRTH

64608

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 11 1883
4. Place of Birth, (Street and Number) 28 Bank St.
5. Full Name of Mother, Annie Brenner
6. Mother's Maiden Name, Goldacker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Brenner
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Mrs. Louis Hall
- Address, 238 Canton Ave.
- Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in any person, person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *11th of July 1882*

4. Place of Birth, (Street and Number) *So. W. Green St.*

5. Full Name of Mother, *Charlotte Lounsbury*

6. Mother's Maiden Name, *Mrs. Becker*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Theodore Lounsbury*

9. Father's Occupation, *Carver*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Anna Gindler*

Address, *4535 S. Calver St.*

Remarks,



RETURN OF A BIRTH 64607

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 7

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 11 90

4. Place of Birth, (Street and Number)

No. 12, Foresplace

5. Full Name of Mother.

Mary A. F. W. Despenne

6. Mother's Maiden Name,

Mary Eickeston

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

George Eickeston

9. Father's Occupation,

Carpenter

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Kristina Laner

Remarks,

173 Harper ave, 1855

At the parents, and the maiden name of the mother of such child or children.

16

RETURN OF A BIRTH

64608

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 11 1883

4. Place of Birth, (Street and Number)

164 Little Green Street

5. Full Name of Mother,

Sarah Stern

6. Mother's Maiden Name,

Knopf

7. Mother's Birthplace,

United States

8. Full Name of Father,

Solomon Stern

9. Father's Occupation,

Laborer

10. Father's Birthplace,

United States

Name of Medical Attendant, or other Person who makes this Return

Dr. A. Fine deen old

Address,

88 N. Eutan. Street

Remarks,

Normal labor, but well

RETURN OF A BIRTH *64609*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

first.

Male.

Black.

July 11, 1893.

10 Bolton Alley

Eliza Bourne.

Eliza Bourne.

Baltimore.

William Gray.

Artist.

Baltimore.

Dr. R. S. Shale

649 Pennsylvania Ave.

Balt. C.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color; (if not of the white race) *Colored*

3. Date of Birth, *July 11th 1883*

4. Place of Birth, (Street and Number) *Forest St No 8*

5. Full Name of Mother, *Louisa Kelly*

6. Mother's Maiden Name, *Louisa Broaden*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Wm Kelly*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant,

or other Person who makes this Return

Harriet Jackson

No 5 Forest St

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

64611

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the

Island

3. Date of Birth

July the 11. 1885

4. Place of Birth (Street and Number)

No 28 Bath St

5. Full Name of Mother

Maria Smith

6. Mother's Maiden Name

Maria Smith

7. Mother's Birthplace

Baltimore City Md

8. Full Name of Father

Don't Know and Want to tell

9. Father's Occupation

None

10. Father's Birthplace

Monist

Name of Medical Attendant, or other Person who makes this Return.

Phelan Md

Address

No 36 Davis St Md

Remarks

None

10

RETURN OF A BIRTH

64612

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11th 1883

4. Place of Birth, (Street and Number) 3024 E. Baiten St.

5. Full Name of Mother, Helen Bonnie Monroa Warner

6. Mother's Maiden Name, " " " "

7. Mother's Birthplace, Baltimore Ind.

8. Full Name of Father, Andrew Selinger Warner

9. Father's Occupation, Traveller

10. Father's Birthplace, Baltimore Ind.

Name of Medical Attendant, or other Person who makes this Return

Address, ...

Remarks, ...



Samuel M. Humble M.D.
3024 E. Lombard St.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

04013

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

3. Date of Birth *July 11, 1883*

4. Place of Birth (Street and Number) *Baker Hall, got no number*

5. Full Name of Mother *Louisa Stahl*

6. Mother's Maiden Name *Louisa Gailer*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *Christ Stahl*

9. Father's Occupation *Printer*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. Shaffer*

Address *114. Bridgely St.*

Remarks

RETURN OF A BIRTH

621614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Male
White
July 11th 1889
723 Hanover St.
Mary Wapold
" Schur
Germany
John Wapold
Baker
D.C.
Theodore Carter, M.D.
per L. 3

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if _____

84615
84615

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color (if

2. Race or Color, (if not of the white race)
3. Date of Birth.

3. *Date of Birth.*

4. Place of Birth, (Street and Number)
5. Full Name of Mother

5. Full Name of Mother,

6. Mother's Maiden Name, _____

7. Mother's Birthplace,

8. Full Name of Father,

9. *Father's Occupation,*

10. Father's Birthplace,

Name of Medical Attendant,
Address

Address.

Remarks.

or other Person who
makes this Return

John Lebaraster

med. of 330, Haverst.

divorce of the parties, and the wife, within the period allowed by law, to any person or persons who may be required, except where the parties were married under a rite of territorial law, to be received, with benefit, to be received at other times and places, and no recoverables subject

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 11th 1883

4. Place of Birth, (Street and Number)

No. 306 Hanover st.

5. Full Name of Mother,

Bertha Fleischer

6. Mother's Maiden Name,

Tellmann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Paul Fleischer

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Lehnwasser

Address,

midwife 330 Hanover st.

Remarks,

RETURN OF A BIRTH *by bit*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace:

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Primipara
Female

White

July 11 '83. 2. 4. M.

Fuller Ave.

May E. Gregg.

May E. Winslow

Columbus, Ohio.

Thomas E. Gregg, Esq.

Merchant.

Columbus Ohio.

A. H. Sartor, M.D.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64617

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



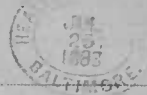
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (~~if not of the white race~~)
3. Date of Birth *7th 11th Da 1883*
4. Place of Birth (Street and Number) *54 E. Fayette St*
5. Full Name of Mother *Mamie. Calender German*
6. Mother's Maiden Name *" Calender*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Jack German*
9. Father's Occupation *Plasterer*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Iving Milburn*
- Address *179 E. Monument St*
- Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64618

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 11th 1883

4. Place of Birth (Street and Number)

92 S. Central Avenue

5. Full Name of Mother

Sarah Frances Heblar

6. Mother's Maiden Name

Leostar

7. Mother's Birthplace

Balta Md.

8. Full Name of Father

John Heblar

9. Father's Occupation

Wagner

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Francis A. Bauer M.D.

Address.

105 N. Central Ave

Remarks.

Instrumental Labor.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons to report the birth of the child to the Board of Health, in the manner, and within the period above specified, except in the case of stillbirths, which shall be reported as soon as any person or persons shall have recovered from the same, or shall hereafter fall in compliance with the provisions of this act. Each officer, to be recovered, or shall hereafter fall in compliance with the provisions of this act, shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 12th / 83*

4. Place of Birth, (Street and Number) *1532 S. Calhoun*

5. Full Name of Mother, *Agnes Lind*

6. Mother's Maiden Name, *Bauer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Ralph Lind*

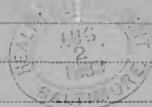
9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Monaca, Pa.*

Name of Medical Attendant, or other Person who makes this Return *Anne Lindner*

Address, *1532 S. Calhoun St.*

Remarks,



RETURN OF A BIRTH

17620

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 12 1883

4. Place of Birth, (Street and Number)

345 E Madison St

5. Full Name of Mother,

Mary A. Mangel

6. Mother's Maiden Name,

Mary A. Killian

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. G. Mangel

9. Father's Occupation,

Manufacturing

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

J. W. Miltner

Address,

1121 N. Baltimore St.

Remarks,

should no other person be in at witness upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, prescribed by the Board of Health, and in the case of the birth of illegitimate children, and any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Birth

Female

White

July 12th 1883

Greene Alley, 2 d. from Hamburg St.

Emilie E. Frey

Parabach

Koblenz - Germany

Rudolph Frey

Labour

Switzerland

Mary Roth

328 North Talbot St



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 12th

4. Place of Birth, (Street and Number)

Barre St. No. 138

5. Full Name of Mother,

Late Kempel

6. Mother's Maiden Name,

Prinz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles William Kempel

9. Father's Occupation,

Wearer maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Münch

Address,

Leadenhall St. No. 1

Remarks,

~~Child of German.~~
~~100. Sharp Street~~



should on either person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment, or to both such fine and imprisonment, as the court may deem proper.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 1st 12, 1883*

4. Place of Birth, (Street and Number) *Garrett St. 19 146*

5. Full Name of Mother, *Anna William*

6. Mother's Maiden Name, *Anna Casey*

7. Mother's Birthplace, *Baldv. City*

8. Full Name of Father, *Richard William*

9. Father's Occupation, *Cigar-maker*

10. Father's Birthplace, *Baldv. City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *W. Dallas St. 19 26*

Remarks,

RETURN OF A BIRTH

64624

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 13/83

4. Place of Birth, (Street and Number)

3 Lombard St

5. Full Name of Mother,

May McDonald

6. Mother's Maiden Name,

" Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John M. Donald

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. H. Hines M.D.

Address,

Remarks,

RETURN OF A BIRTH *64625*

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 12/83*

4. Place of Birth, (Street and Number) *486 N. Stuckey*

5. Full Name of Mother, *L. Stanton*

6. Mother's Maiden Name, *L. Rice*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Norman Stanton*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *G. H. Harris M.D.*

Address, *57 E. Preston & Shuter*

Remarks,

RETURN OF A BIRTH *64626*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *12th July 1883*

4. Place of Birth, (Street and Number) *284 W Lombard*

5. Full Name of Mother, *Fanny Cohen*

6. Mother's Maiden Name, *Mendel*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *Samuel Cohen*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other Person who makes this Return *H. W. Webster*

Address, *57 Harrison*

Remarks,

See the Registrar, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12th of July 1883

4. Place of Birth, (Street and Number)

95 North Chapel St.

5. Full Name of Mother,

Barbra (Wigman) Bergman

6. Mother's Maiden Name,

Barbra Schuler

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Mick Schuler

9. Father's Occupation,

Laborman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel

Address,

71 North Chapel Street for further Kunkel

Remarks,

Healthy

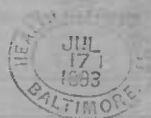


with any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the parent or parents of such child shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment.

RETURN OF A BIRTH

64628

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 12th

4. Place of Birth, (Street and Number)

107 R Howard St.

5. Full Name of Mother,

Agnes Athman

6. Mother's Maiden Name,

Fell.

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Clemens Athman

9. Father's Occupation,

Sejour Maker

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Dr Morgan

Address,

119 W. Monument - St

Remarks,

or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

54629

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

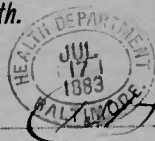


- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 12th 1883*
4. Place of Birth (Street and Number) *No. 829 W. Pratt St*
5. Full Name of Mother *Maggie Burck*
6. Mother's Maiden Name *Maggie Donohue*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Michael Burck*
9. Father's Occupation *Gaboner*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *B. H. Herman M.D.*
- Address *Cor 175 N. Carey*
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 12th 1883
4. Place of Birth (Street and Number) 93 Belieu Street
5. Full Name of Mother Annie Carter
6. Mother's Maiden Name Rustell
7. Mother's Birthplace Baltimore County Md.
8. Full Name of Father Winfield S. Carter
9. Father's Occupation Organ Maker
10. Father's Birthplace Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return. J. Whitford M.D.
Address 195 Argus St.
Remarks Child healthy delivered with instrument

RETURN OF A BIRTH.

14631

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



James Rusk Chandless

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

12th July 83

4. Place of Birth (Street and Number)

143 Edmondson Ave

5. Full Name of Mother

Lizzie B. Chandler

6. Mother's Maiden Name

Black

7. Mother's Birthplace

Ohio

8. Full Name of Father

John S. Chandler

9. Father's Occupation

Merchant

10. Father's Birthplace

Name of Medical Attendant,

or other Person who makes this Return.

W. W. Ching

Address

GIVEN NAME

ADDED.

5-20-83

364 Madison Ave

Remarks

A.M.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14652

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 12th 1893

4. Place of Birth (Street and Number) St. Paul Baltimore Md

5. Full Name of Mother Anna C. J. Rogers

6. Mother's Maiden Name Kricker

7. Mother's Birthplace Baltimore City

8. Full Name of Father Edward J. Rogers

9. Father's Occupation Stockpiller

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

William T. Rogers M.D.

Address 138 North Broadway

Remarks Well living and well

RETURN OF A BIRTH

14633

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12 July 1888

4. Place of Birth, (Street and Number)

No 72 Poyes St

5. Full Name of Mother,

Norrah ~~Farr~~ Cosgrove

6. Mother's Maiden Name,

Norrah Farr

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Cosgrove

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

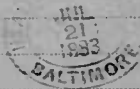
or other Person who makes this Return

Margie Etzel

Address,

No 13 Cuba St

Remarks,



of the mother of such child or children.

RETURN OF A BIRTH

646314

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12 July

4. Place of Birth, (Street and Number) 69 1/2 Spring St.

5. Full Name of Mother, Mary Brown

6. Mother's Maiden Name, "J. Heimeling

7. Mother's Birthplace, Hesseon Europe

8. Full Name of Father, Conrad Brown

9. Father's Occupation, Engineer

10. Father's Birthplace, Hesseon Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Wiley

Address, 48 Holladay St.

Remarks, Bull child

NAME OF THE MOTHER OF THIS CHILD OR CHILDREN.

RETURN OF A BIRTH

6/16/31

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

2 male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July the 12 1883.

4. Place of Birth, (Street and Number)

83 Frederick ave

5. Full Name of Mother,

Louisa Boable

6. Mother's Maiden Name,

Louisa Bartamer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles H. Boable

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W. S. Gbeller

Address,

792 Pratt St Bal

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *6463*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. *Sex*, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female)

2. *Race or Color*, (if not of the white race)

3. *Date of Birth*, *12th July, 1883*

4. *Place of Birth*, (Street and Number)

5. *Full Name of Mother*, *Isa Gussitt*

6. *Mother's Maiden Name*, *" Lyle*

7. *Mother's Birthplace*, *va*

8. *Full Name of Father*, *Geo W. Gussitt*

9. *Father's Occupation*, *Merchant*

10. *Father's Birthplace*, *va*

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,



Geo W Gussitt
1 Waverly Terrace

This certificate, when the full name of the mother of such child or children, is filled in, must be filed in the office of the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



64637

Child of Mother. (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White 13th 1883

3. Date of Birth,

4. Place of Birth, (Street and Number)

No 172 S Bethel
Lizzie Schreiner

5. Full Name of Mother,

Weber

Germany

6. Mother's Maiden Name,

7. Mother's Birthplace,

Geo Schreiner
Laborer

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Mrs Elizabeth Betz
120 Bank St
City

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

name of the mother of each child or children.

RETURN OF A BIRTH *64638*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 13th 1883

4. Place of Birth, (Street and Number)

172 S. Bell St

5. Full Name of Mother,

Mary Regus

6. Mother's Maiden Name,

Schreiner

7. Mother's Birthplace,

City

8. Full Name of Father,

John Regus

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth B. B. B.

Address,

120 Bank St

Remarks,

State of the mother of such child or children.

RETURN OF A BIRTH *64639*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

July 13 1893

5. Place of Birth, (Street and Number)

No. 58 S. Fulton St

6. Full Name of Mother,

Betha Burns

7. Mother's Maiden Name,

" Stevens

8. Mother's Birthplace,

Fredricks es. Md.

9. Full Name of Father,

Wm Burns

10. Father's Occupation,

Ship Harbor

11. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return

M. J. Leman

Address.

No. 36 Fredricks Ave

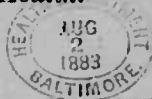
Remarks.

Female Child

RETURN OF A BIRTH.

64640

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex (state whether male or female) *Male*
 2. Race or Color (if not of the white race)
 3. Date of Birth *July 10th 1883*
 4. Place of Birth (Street and Number) *86 Park St*
 5. Full Name of Mother *Catharine Lee Hoff*
 6. Mother's Maiden Name *Catherine Lee Conley*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Benjamin Franklin Hoff*
 9. Father's Occupation *Car Maker*
 10. Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *W. H. Hoff*
 Address *343 W. Lombard St*
 Remarks

19
1911, is of legal age, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

646211

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

Ninth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 13th 1883

4. Place of Birth (Street and Number)

29 Hope St

5. Full Name of Mother

Annie Russell

6. Mother's Maiden Name

Annie Elliott

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Joe A. Russell

9. Father's Occupation

Machinist

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

A. L. Watson

Address

437 N. Central Ave.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 13th 1883

4. Place of Birth, (Street and Number)

34 Linden St E.D.

5. Full Name of Mother,

Helena Cieska

6. Mother's Maiden Name,

Helena Vogeler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W. Cieska

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Dr. W. C. Miller

Address,

1121 Miller Street

Remarks,

RETURN OF A BIRTH 64644

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 13, 1883

4. Place of Birth, (Street and Number)

10411 Penna. Ave

5. Full Name of Mother,

Susan. Lloyd.

6. Mother's Maiden Name,

Evans. Muse.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Reuben Lloyd.

9. Father's Occupation,

Bookbinder. Man.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. W. Smith M.D.

Address,

Remarks,

RETURN OF A BIRTH

64646

To the Office of Registrar of Vital Statistics, Board of Health,

111

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

June 13th 1883

4. Place of Birth, (Street and Number)

224 Ocean St

5. Full Name of Mother,

Elizabeth Edward

6. Mother's Maiden Name,

Elizabeth Healy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Edward

9. Father's Occupation,

Laborer

10. Mother's Birthplace,

Anne Arundel

Name of Medical Attendant, or other Person who makes this Return

Lucinda Woodford

Address,

130 North Regester St

Remarks,

RETURN OF A BIRTH

64647

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Brown complexion

3. Date of Birth,

July 13th 1883

4. Place of Birth, (Street and Number)

37 E. Buck St

5. Full Name of Mother,

Annie Williams

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Williams

9. Father's Occupation,

Hodman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Amelia Johnson

Address,

6 Hamilton St

Remarks,

any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 10th 1883

4. Place of Birth, (Street and Number)

106 Lane St.

5. Full Name of Mother,

Mary Dehler

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Dehler

9. Father's Occupation,

Furniture Dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. H. H. Hillegeist

Address,

182 E. Monument St.

Remarks,

RETURN OF A BIRTH.

64649

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 13th 1888

4. Place of Birth (Street and Number)

No 190 Orleans St Baltimore

5. Full Name of Mother

Annie Baschke

6. Mother's Maiden Name

Annie Brothman

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George P. Baschke.

9. Father's Occupation

Miller

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Coroline Miller

Address

No 5 Walker St Maryland Bldg

Remarks

Md

Return, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within the period above required, except in the cases of the birth, and death of illegitimate children, and any child born out of wedlock, and any child born of a woman who has been married, and who is subject to a fine of ten dollars for each offense, to be recovered, and other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 July 1883

4. Place of Birth, (Street and Number) Balto. Belair South Boundary

5. Full Name of Mother, Ann. Koyda

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Koyda

9. Father's Occupation, Farmer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Oropish

Address, 69 N. Washington

Remarks, Mary Oropish

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th July 1883

4. Place of Birth, (Street and Number) Bals. Tremont St No 14

5. Full Name of Mother, Bar. Brückel

6. Mother's Maiden Name, B. Heiluh

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos. Brückel

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address, 69 N. Washington St

Remarks, Mary Baptist



should not be in attendance upon the mother, immediately after her confinement, it shall be the duty of the Registrar to cause the birth to be registered in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH, 7/21/12

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth July 19th 1888

4. Place of Birth, (Street and Number) 28 Burroughs St

5. Full Name of Mother Elizabeth Gray

6. Mother's Maiden Name Elizabeth Schneider

7. Mother's Birthplace Maryland

8. Full Name of Father John Gray

9. Father's Occupation Laborer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return Mrs. Sarah Schenck mid wife

Address 2517 Port Avenue

Remarks mother and child doing well

name of the mother of such child or children.

RETURN OF A BIRTH

6/16/83

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
24
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Girl.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 13th July

4. Place of Birth, (Street and Number) 26 Knox Alley, Baltimore, Md.

5. Full Name of Mother, Anna Louise Leibert.

6. Mother's Maiden Name, Anna Louise Purfuerst.

7. Mother's Birthplace, Neustadt a. d. Groden, Kingdom Sachsen Weimar

8. Full Name of Father, Ernst Leibert

9. Father's Occupation, Stone Polisher ~~Anna's Bidingen.~~

10. Father's Birthplace, Heimbach, Kreis Bidingen.

Name of Medical Attendant, or other Person who makes this Return

Mrs. W. Müller

Address,

No. 20, Heimbach St.

Remarks,

RETURN OF A BIRTH, 64654

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

6th

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Friday, July 13th 1883

4. Place of Birth, (Street and Number)

28 872 W Pratt St

5. Full Name of Mother

Mary Dash

6. Mother's Maiden Name

Mary Shoub

7. Mother's Birthplace

Maryland

8. Full Name of Father

John G. P. Dash

9. Father's Occupation

Painter

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Catherine Doll

Address

28 57 Bantoloe St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



6
2 male
white

July 13 1883

110 38 Lemow St Bal

Addie Adler

Addie Gantree

Germany

Benjamin Adler

Cabinet Maker

Germany

Mrs S Abell

792 Pratt St Bal

RETURN OF A BIRTH

64656

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sunday July 13th 1889

4. Place of Birth, (Street and Number)

Baltimore No 121 Dallas St

5. Full Name of Mother,

Maggie Johnson

6. Mother's Maiden Name,

Maggie Adams

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John O. Johnson

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. W. M. Adams

Address,

122 North Dallas St

Remarks,

In good health

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

(state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, July 13th 1883

Place of Birth, (Street and Number) Cor. Pratt and Canal st.

Full Name of Mother, Rosa Brandis

Mother's Maiden Name,

Mother's Birthplace, Russia

Full Name of Father, Max Brandis

Father's Occupation, Cigar-maker

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernoska

Address, 117 E. Lombard st

Remarks,



RETURN OF A BIRTH

64658

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 4th

4. Place of Birth, (Street and Number)

908 Pratt St.

5. Full Name of Mother,

Margue Bothoff

6. Mother's Maiden Name,

Rickman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Bothoff

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. J. Leman

Address,

No. 36 Frederick Ave.

Remarks,

True child

of the parents, and the maiden name of the mother of such child or children."

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64659

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 12th 1883
4. Place of Birth (Street and Number) 101 E Washington St
5. Full Name of Mother Anna Adams
6. Mother's Maiden Name Lockman
7. Mother's Birthplace Baltimore
8. Full Name of Father Geo Adams
9. Father's Occupation Book Binder
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. F. E. Lockman M.D.
Address 241 E Baltimore
Remarks

RETURN OF A BIRTH,

64660

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

July 14th 1883

4. Place of Birth, (Street and Number)

124 Conway St.

5. Full Name of Mother

Ann E. Butler

6. Mother's Maiden Name

Gaird

7. Mother's Birthplace

Batts

8. Full Name of Father

W. J. Butler jr.

9. Father's Occupation

Waiter

10. Father's Birthplace

Batts

Name of Medical Attendant,

or other Person who makes this Return.

R. C. Lee

Address

Harmon & Barr

Remarks

name of the mother of such child or children.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH 64661

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth (6th)

1. Sex, (state whether male or female)

Female



2. Race or Color, (if not of the white race)

3. Date of Birth,

July 14th 1883

4. Place of Birth, (Street and Number)

272 E. Chase St.

5. Full Name of Mother,

Mary Ann Hubbel

6. Mother's Maiden Name,

Wance

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Augustus Hubbel

9. Father's Occupation,

Shoe Cutter

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Residence A. Winter

Address,

186 Stanford Ave

Remarks,

[illegible]

11
82/66.2

and

Female

White

July 14th 1883

292. *Amorpha* ♂

Guerra Ebert—

Adelmann

Leslie - Hermann

Ind. 4/2000 - 5/2001

Glass flower

Poland

Mary Krohn

328 South L. tower

CITY CLUSTERS AND STATIONS

RETURN OF A BIRTH

64663

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st.
Male.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 14, 1883

4. Place of Birth, (Street and Number)

405 E. Balt. St.

5. Full Name of Mother,...

Anna Campoy

6. Mother's Maiden Name,

" Callimore

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Thomas Campoy

9. Father's Occupation,

Merchant

10. Father's Birthplace:

Cartagena, Spain

Name of Medical Attendant, or other Person who makes this Return

G. M. Smith M.D.

Address,

Balt. & Wash. Cts.

Remarks,

Natural

Two mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth July 11th 1883
4. Place of Birth, (Street and Number) Grandall st near of lead factory
5. Full Name of Mother Jane Quinn
6. Mother's Maiden Name Jane Williamson
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Quinn
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Lornal mid wife
- Address No 317 Fort Avenue
- Remarks mother and child doing well



name of the mother of such child or children.

RETURN OF A BIRTH

64665

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex, (state whether male or female)

White Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 14th 1883

4. Place of Birth, (Street and Number)

No. 16 Eastmore

5. Full Name of Mother,

E. Stabelford

6. Mother's Maiden Name,

E. Bunch

7. Mother's Birthplace,

America

8. Full Name of Father,

J. Stabelford

9. Father's Occupation,

Laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

Mrs. Eliza Hemming

Address,

No. 95 Allen St.

Remarks,

(City)

PRINTED AND PUBLISHED BY THE BOARD OF HEALTH, BALTIMORE CITY.

RETURN OF A BIRTH

621666

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *14th July*
 4. Place of Birth, (Street and Number) *Belair Ave.*
 5. Full Name of Mother, *E. Lorenze*
 6. Mother's Maiden Name, *E. Skill*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Jacob Soienze*
 9. Father's Occupation, *Cabinet maker*
 10. Father's Birthplace, *Germany*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

See instructions, and the names of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64667

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 14th 1883
4. Place of Birth (Street and Number) Baltimore. Light St. No. 146
5. Full Name of Mother Emma Lindbrock
6. Mother's Maiden Name Carney
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. Lindbrock
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Scarborough
- Address 220 Montgomery St. Balto.
- Remarks

RETURN OF A BIRTH, 64668

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 14th July. 1883

4. Place of Birth, (Street and Number) 518. E. Chase St

5. Full Name of Mother Mary E. Fryer

6. Mother's Maiden Name Mary E. Hitch

7. Mother's Birthplace Baltimore

8. Full Name of Father George W. Fryer

9. Father's Occupation Barber

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Kate Aquahan

Address 376 W. Dough St.

Remarks Doing well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance, the birth of such child shall be reported to the Board of Health within the period above specified, except in the cases of the births and deaths of premature children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars in each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14, 1883

4. Place of Birth, (Street and Number) 187 Sharp St

5. Full Name of Mother, Mary Welsh

6. Mother's Maiden Name, Mary Daly

7. Mother's Birthplace, County - Cavan Ireland

8. Full Name of Father, Patsick Welsh

9. Father's Occupation, Furniture Dealer

10. Father's Birthplace, Co Lonsford Ireland

Name of Medical Attendant, or other Person who makes this Return Millie Gross

Address, 12 Plummer St

Remarks, _____



the birth of any child shall occur within the attendance of a physician, or of a practitioner of midwifery, or of any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents so called to report its birth to the Board of Health, in the manner, and within the period the Board of Health may determine, and shall be subject to the same penalties as any person or persons who shall be guilty of failing to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recoverable.

7-17670

Second child

- 114
21
1883
BALTIMORE

Mrs Wiley

No 12 Patterson Park av

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *July 14th 1883*

4. Place of Birth, (Street and Number) *214 West*

5. Full Name of Mother, *Margaret Basil*

6. Mother's Maiden Name, *Johnson*

7. Mother's Birthplace, *W. Va.*

8. Full Name of Father, *Alexander Basil*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *W. Va.*

Name of Medical Attendant, *Theodore Cook*

or other Person who makes this Return

Address, *146 Hancock*

Remarks,



to be given, to every child, the first and third day of each and every month, to the Board of Health, and also the birth of every child, which shall be done without the attendance of a physician, or of a midwife, or of any other person, should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the mother, and the duty of the parent or parents, to such child to report its birth to the Board of Health, in the manner, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the person attending the birth of a child be a midwife, or a practitioner of midwifery, it shall then become the duty of the person attending the birth of the child to report the birth to the Board of Health, and to furnish a certificate of birth, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 12/6/72

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

14 July

4. Place of Birth, (Street and Number)

13 Spring street

5. Full Name of Mother,

Barrell B. Areson

6. Mother's Maiden Name,

Rosendawn

7. Mother's Birthplace,

Russia

8. Full Name of Father,

B. Areson

9. Father's Occupation,

Peddler

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64673

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 12 1883

4. Place of Birth (Street and Number) 235 Bolton St

5. Full Name of Mother Mabelie Conklin Clayton

6. Mother's Maiden Name Gilley

7. Mother's Birthplace Maine

8. Full Name of Father Fred L. Clayton

9. Father's Occupation Ship Broker

10. Father's Birthplace Maine

Name of Medical Attendant, or other Person who makes this Return. Grosshynow

Address 171 N. Calvert

Remarks

Return for the year 1883, containing, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 14th 1883*
4. Place of Birth, (Street and Number) *Baltimore Lemon st No 10*
5. Full Name of Mother, *Delia Daugherty*
6. Mother's Maiden Name, *Kelly*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *JAMES. Daugherty*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Mitchell*
Address, *No 8-8 Parkin st*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: *Simon Nodd Silverberg*

Sex of Child of Mother. (state whether 1st, 2d, 3d, dec.) /

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 14th 1883*

4. Place of Birth, (Street and Number) *91 Spring St.*

5. Full Name of Mother, *Goldie Silverberg*

6. Mother's Maiden Name, *Goldie Dukehart*

7. Mother's Birthplace, *Russian*

8. Full Name of Father, *Samuel Silverberg*

9. Father's Occupation, *Cigar-maker*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*

Address, *136 Lombard St.*

Remarks,



of the parents, and the maiden name of the mother of such child or children."

of the parents, and the maiden name of the mother of such child or children, name, nativity, and residence

RETURN OF A BIRTH 64676

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4th

- 1. Sex, (state whether male or female)
- 2. Race or Color, (if not of the white race)
- 3. Date of Birth, July 14, 83.
- 4. Place of Birth, (Street and Number) U. Walpole Ave., 70
- 5. Full Name of Mother, Margaretta Dortchman
- 6. Mother's Maiden Name, Deussen
- 7. Mother's Birthplace, Germany
- 8. Full Name of Father, Jakob Dortchman
- 9. Father's Occupation, Blacksmith
- 10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Wm. F. Rumbach
Address, 15 Walpole Ave.
Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6/16/77

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, etc.)

11/6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 14. 83.

4. Place of Birth, (Street and Number)

P. Schuppert's tr. No. 76

5. Full Name of Mother,

Bessie Schuppert

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Georg Schuppert

9. Father's Occupation,

Householder

Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. G. Burchard

Address,

P. Schuppert's tr. No. 76

Remarks,

RETURN OF A BIRTH 64678

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) John Frederick Charles Horn

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 14, 83.

4. Place of Birth, (Street and Number)

Olenstein No 290.

5. Full Name of Mother,

Kunigunde Horn

6. Mother's Maiden Name,

Rodenhauß (Rodenhause)

7. Mother's Birthplace,

Hannover

8. Full Name of Father,

Friedrich Horn

9. Father's Occupation,

Cabinetmaker

10. Father's Birthplace,

Hessen, Darmstadt

Name of Medical Attendant, or other Person who makes this Return

Mrs. Joh. Bausch

Address,

St. Wolf No 14

Remarks,

In the presence of the parents and the nearest friends of the mother of such child or children.

When at any time, state, distinctly the name of child, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64679

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 15 - 1883

4. Place of Birth (Street and Number)

Harford ave & Townsend st

5. Full Name of Mother

Edwards

6. Mother's Maiden Name

Wiley

7. Mother's Birthplace

Baltimore city

8. Full Name of Father

Willie A Edwards

9. Father's Occupation

Wagon maker

10. Father's Birthplace

Baltimore city

Name of Medical Attendant, or other Person who makes this Return.

Chas. A. Edwards, M.D.

Address

537 Harford ave

Remarks

RETURN OF A BIRTH

4680

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother. (state whether 1st, 2d, 3d, &c.)

6th
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 15th 1883

4. Place of Birth, (Street and Number)

450 Monument St

5. Full Name of Mother,

Marguerite Gabel

6. Mother's Maiden Name,

Schwartz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Carl Gabel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Baly

Address,

120th Bank.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall be the duty of the parent or person in attendance of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, and the person failing to comply with the provisions of this section shall be subject to a fine of ten dollars, or imprisonment for not less than ten days, and both such fine and imprisonment are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 15 July 1883
4. Place of Birth, (Street and Number) 117 N. Street St. City
5. Full Name of Mother, Mildred Jones
6. Mother's Maiden Name, Antonia Stover
7. Mother's Birthplace, Ohio
8. Full Name of Father, John Bush
9. Father's Occupation, Coal Miner
10. Father's Birthplace, Ohio
- Name of Medical Attendant, or other Person who makes this Return John J. Gould
- Address, 110 N. Street St. City
- Remarks, _____



RETURN OF A BIRTH 64582

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

July 15th

No. 427 W. Mo. Henry St

Julia Early

Crane

Baltimore

Barnes Early

Brick mason

Baltimore

M. J. Linn

36 E. Lombard Ave.

A tiny baby very delicate



RETURN OF A BIRTH

64682

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 15th 1893*
4. Place of Birth, (Street and Number) *1282 E. Preston St*
5. Full Name of Mother, *Annie K. Nowles*
6. Mother's Maiden Name, *Bowen*
7. Mother's Birthplace, *Belts., Md.*
8. Full Name of Father, *Edwin W. Nowles*
9. Father's Occupation, *Flour & Feed Merchant*
10. Father's Birthplace, *Belts Md*
Name of Medical Attendant, or other Person who makes this Return *W. B. Billingsley*
Address, *156 E. Preston St*
Remarks,

646821

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *July 15 1883*
 4. Place of Birth, (Street and Number) *La Rue Alley*
 5. Full Name of Mother, *Maudie R. Fawcett*
 6. Mother's Maiden Name, *Maudie R. Howard*
 7. Mother's Birthplace, *Baltimore, Md.*
 8. Full Name of Father, *Charles L. Howard*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return *Mary Chue*
 Address, *5- Lorus Alley*
 Remarks,

RETURN OF A BIRTH *64685*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd birth*

1. Sex, (state whether male or female) *boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15 July*

4. Place of Birth, (Street and Number) *Logopoint*

5. Full Name of Mother, *Elisabetha Leimbach*

6. Mother's Maiden Name, *Wagner*

7. Mother's Birthplace, *Willmannsbach, Prussia*

8. Full Name of Father, *August Leimbach*

9. Father's Occupation, *Stefator*

10. Father's Birthplace, *Oberweit Sachsen*

Name of Medical Attendant, or other Person who makes this Return *Lombard Street Mers*

Address, *Mrs. Maurer*

Remarks,

RETURN OF A BIRTH 64686

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. July 16th 1893.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, July 15th 1893.

4. Place of Birth, (Street and Number) 48 Poth St.

5. Full Name of Mother, Annie Friedrich.

6. Mother's Maiden Name, Annie White.

7. Mother's Birthplace, Germany.

8. Full Name of Father, George Friedrich.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amund

Address, No 137 S. Wolfe St.

Remarks, (Signature)



RETURN OF A BIRTH *64687*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *15th*
4. Place of Birth, (Street and Number) *No 12 Rose st*
5. Full Name of Mother, *Mary E Briggs*
6. Mother's Maiden Name, *Mary E Stevens*
7. Mother's Birthplace, *Eastville Va*
8. Full Name of Father, *Samuel J Briggs*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Richmond Va*
- Name of Medical Attendant, or other Person who makes this Return *Lucy Cornish*
- Address, *15 Jordan Alley*
- Remarks,



RETURN OF A BIRTH *64688*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sunday - July 15th 1883*

4. Place of Birth, (Street and Number) *95 N. Schroeder St*

5. Full Name of Mother, *Mrs. Susanna Woods*

6. Mother's Maiden Name, *" St Paul*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *James H. Woods*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Virginia*

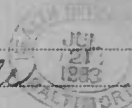
Name of Medical Attendant, or other Person who makes this Return *L. L. Botting Md*

Address, *467 N. Fayette St*

Remarks, *R. O. I. Ant. - Mother with extra cap -*

Lucar fracture of humerus 3 days before confinement

Both doing well



BALTIMORE CITY OFFICE OF REGISTRAR OF VITAL STATISTICS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 15th 1888

4. Place of Birth, (Street and Number)

No 217 S. Wolf st

5. Full Name of Mother,

Mrs Annie Dashiels

6. Mother's Maiden Name,

Klein

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nicolas Dashiels

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore

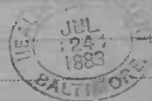
Name of Medical Attendant,

Mrs Goetzke

Address,

No 55 S. Bond st

Remarks,



should not other person be in at entrance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth of such child to the Registrar of Health in the manner, and within the period and under the penalties provided in this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15 1883
4. Place of Birth, (Street and Number) No 2 Abbey Alley
5. Full Name of Mother, Lizzie Miller
6. Mother's Maiden Name, Lizzie Schick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Miller
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Catharine Korman
or other Person who makes this Return
- Address, No 18 Byrd St
- Remarks,



birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and within the period above required, to file a return of the birth of such child, in the form of this certificate, and to pay a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64691

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 15th 1883 10 o'clock
4. Place of Birth (Street and Number) Baltimore Street 277
5. Full Name of Mother Mary Jane Unglah
6. Mother's Maiden Name Mary Jane Hill
7. Mother's Birthplace Baltimore
8. Full Name of Father George Unglah
9. Father's Occupation Brickman
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Julia G. G. G.
- Address 466 Gay St Baltimore
- Remarks

RETURN OF A BIRTH

64692

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

15. of July.

4. Place of Birth, (Street and Number)

403 Aliceanna st

5. Full Name of Mother,

Kate Strable

6. Mother's Maiden Name,

Kate Clapson

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

George Strable

Father's Occupation,

Roller

9. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

May L. Swaney

Address,

59 Myer's st

Remarks,

of the parents, and the maiden name of the mother of such child or children.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64693

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

Eighth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 16th 1883

4. Place of Birth, (Street and Number)

780 Boston St.

5. Full Name of Mother,

Mrs. Phoebe Beck

6. Mother's Maiden Name,

Miss Phoebe Dodd

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John L. Beck

9. Father's Occupation,

Labourer

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Garrett

Address,

No 65 Burke St.

Remarks,

RETURN OF A BIRTH

64694

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

No 69 Central Avenue

4. Place of Birth, (Street and Number)

July 15th 1893

5. Full Name of Mother,

Mrs Rebecca Castle

6. Mother's Maiden Name,

Mrs Rebecca Delaney

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James Castle

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Rachel A. Garrett

Address,

No 15 Central Avenue

Remarks,

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *74695*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 15, 1883

4. Place of Birth, (Street and Number)

31 Fawn St.

5. Full Name of Mother,

Herminie Habenicht,

6. Mother's Maiden Name,

" Trebert.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Robert Habenicht

9. Father's Occupation,

China Decorator,

● Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

A. H. Erich, (Rohé.)

Address,

95 Park Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

State of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 15, 83.

4. Place of Birth, (Street and Number)

Stonetta St. No 506

5. Full Name of Mother,

Christine Strabel

6. Mother's Maiden Name,

Schraack

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Simon Strabel

9. Father's Occupation,

Schraack

Father's Birthplace,

Balt.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Joh. Budnick

Address,

St. Wolf No 14

Remarks,

410

RETURN OF A BIRTH

64697

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether 1st, 2d, 3d, &c.) *child*
2. Race or Color, (if not of the white race) *female child July the 15-1883*
3. Date of Birth, *Mary Carr 188 Preston St*
4. Place of Birth, (Street and Number) *Mary Carmichael from Mt Gwynney Co. Md*
5. Full Name of Mother, *Steven (Carr) Preston Shore*
6. Mother's Maiden Name, *a labourer*
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return *Melies Banks of 89 Cornish*
- Address,
- Remarks,

RETURN OF A BIRTH 64698

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 15 - 1883
4. Place of Birth, (Street and Number) 25 Hudson St.
5. Full Name of Mother, Kate Lang
6. Mother's Maiden Name, Mohr
7. Mother's Birthplace, Germany
8. Full Name of Father, John Lang
9. Father's Occupation, Barber
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mary Stein
- Address, 151 E. Hall St.
- Remarks,



RETURN OF A BIRTH

62699

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 16 1883

4. Place of Birth, (Street and Number)

#42 Hammond Alley

5. Full Name of Mother,

Eva Schmidt

6. Mother's Maiden Name,

Will

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Schmidt

9. Father's Occupation,

Witchman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Craft

Address,

236 Canton Ave

Remarks,

RETURN OF A BIRTH

64700

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 10, 1883

4. Place of Birth, (Street and Number)

Division Block St.

5. Full Name of Mother,

Mary Horn

6. Mother's Maiden Name,

Mary Stone

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Benjamin Horn

9. Father's Occupation,

Office

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs A Meserich

Address,

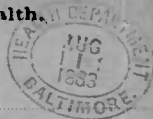
345 Penna Ave

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 16th 1883

4. Place of Birth, (Street and Number)

171 Warner St

5. Full Name of Mother,

Hester A. Summers

6. Mother's Maiden Name,

Hester A. Seeds

7. Mother's Birthplace,

Salina Co. N.Y.

8. Full Name of Father,

Wigby L. Summers

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Summers Point N.Y.

Name of Medical Attendant, or other Person who makes this return

Dr. H. H. Hilly

Address,

195 West Lombard Street

Remarks,

RETURN OF A BIRTH *64702*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 16th 1883

4. Place of Birth, (Street and Number)

210 No. Wolf St.

5. Full Name of Mother,

Emma Witte

6. Mother's Maiden Name,

Skinner

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry Witte

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

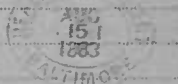
D. W. Eldredge, M.D.

Address,

S. E. Cor. Eager & Carroll Sts.

Remarks,

On the bottom of the return name of the mother of the child or children.



RETURN OF A BIRTH

14702

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 15 1883

4. Place of Birth, (Street and Number)

6 Wilson Street

5. Full Name of Mother,

Margaret L. Beekman

6. Mother's Maiden Name,

McGinnis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William H. Beekman

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Brown

Address,

68 N. Enoch Street

Remarks.

Beekman is the mother of such child or children.

RETURN OF A BIRTH

64704

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 16th. 1883

4. Place of Birth, (Street and Number)

106 E. 2nd St. Court ~~St.~~

5. Full Name of Mother,

Rosana Hams

6. Mother's Maiden Name,

Rosana Mapple

7. Mother's Birthplace,

Essex, England

8. Full Name of Father,

John Hams

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Amnaples

Name of Medical Attendant, or other Person who makes this Return

M. A. B. A.

Address, 16. 155 P. E. cor Central av. & Monument St.

Remarks, All well

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the child shall become the duty of the parent or parents of such child to report its birth to the Board of Health in the city or town within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 16th 1883*

4. Place of Birth, (Street and Number) *1267 Biddle St.*

5. Full Name of Mother, *Annice R. Allen*

6. Mother's Maiden Name, *Warner*

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, *Geo. W. Allen*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return *J. H. Harrison M.D.*

Address, *431 Penna. Ave.*

Remarks,



RETURN OF A BIRTH

64706

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

July 16th 1883.

4. Place of Birth, (Street and Number)

57 Woodward St.

5. Full Name of Mother,

Florence O. Clark.

6. Mother's Maiden Name,

Florence O. Ramsey.

7. Mother's Birthplace,

Baltimore, Maryland.

8. Full Name of Father,

Frank Clark.

9. Father's Occupation,

Millwright.

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Hector K. Goodenow M.D.

Address.

18 Columbia Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

7th
Female
White
16 July / 83
220 Pierce St
Louisa Reed
" Shannon
Balto.
James E. Reed.
Mechanic
Balto -
Thomas Opie M.D.
39 N. Cary

RETURN OF A BIRTH

64708

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 July 83

4. Place of Birth, (Street and Number)

372 West St.

5. Full Name of Mother,

Elizabeth Lampbracht

6. Mother's Maiden Name,

" Wohlgreif.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Lampbracht.

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Knott

Address,

1828 South Eutaw St.

Remarks,

Baltim

of the parents, and the maiden name of the mother of such child or children."

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64709

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

July 16th

4. Place of Birth, (Street and Number)

no 13 laden hall st

5. Full Name of Mother,

martha jane twine

6. Mother's Maiden Name,

maltha jane parker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

rodrick twine

9. Father's Occupation,

labour

Father's Birthplace,

west virginia

Name of Medical Attendant, or other Person who makes this Return

mrs Lydia Porter

Address,

no 4 peters to avenue

Remarks,

healthy child

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

George Christian Wilhelm 2^d and

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

July 16th - 1883

70 Division St

Lizzie Wilhelm

" High St.

Balto.

George Wilhelm

Turner

Balto.

A. B. Gudenbom M.D.

166 S. Ducess.



GIVEN NAME ALIVE

9-29-53

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *16th*
4. Place of Birth (Street and Number) *Conway st. No 236*
5. Full Name of Mother *Mrs. Altner*
6. Mother's Maiden Name *Amelia. C. Painschler*
7. Mother's Birthplace *Baltimore. Md.*
8. Full Name of Father *John Altner*
9. Father's Occupation *Clock Smith*
10. Father's Birthplace *Balto. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Baltimore Riley*
- Address *44 Walker St.*
- Remarks

10071, 118 of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14712

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 16th

4. Place of Birth, (Street and Number)

11 Mulliken St

5. Full Name of Mother,

Mary Link

6. Mother's Maiden Name,

Mary Quere

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Link

9. Father's Occupation,

laborer

Father's Birthplace,

Germany Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Halter Way M.D.

Address,

17 South Broadway

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64712

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 16th. 1883.
4. Place of Birth (Street and Number) No. 128 E. Pratt St.
5. Full Name of Mother Maggie M.
6. Mother's Maiden Name _____
7. Mother's Birthplace Phila - Penna.
8. Full Name of Father Wm J. Grandfield.
9. Father's Occupation Broker
10. Father's Birthplace Phila - Penna.
- Name of Medical Attendant, or other Person who makes this Return. R. H. Goldsmith, M. D.,
- Address Harlem av. and Calverton St.
- Remarks _____

place of its birth and the birth certificate shall be delivered, duly signed by the practitioner, in the birth of a child, and every month, to this Board of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or any other person, the parent or person in charge of such child shall be liable to report its birth to the Board of Health, in the manner and to the satisfaction of the Board, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

16 July

4. Place of Birth, (Street and Number)

12 E. Euter

5. Full Name of Mother,

Maggie Dow

6. Mother's Maiden Name,

Patterson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Dow

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,



place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month to the clerk of the health department, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or shall be attended on by any person but the mother, immediately thereafter it shall then become the duty of the parent or person in charge of such child to report its birth to the Board of Health, in the manner and within the period above specified, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recoverable, to be recoverable.

RECEIVED JUL 24 1883

- A 60, 4TH FLOOR AND STATIONER.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64716

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 22
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 16th 1883
4. Place of Birth (Street and Number) 142 W. Charles St
5. Full Name of Mother Fattie Sullivan Ryan
6. Mother's Maiden Name " " Welsh
7. Mother's Birthplace Anna Grundle Leg - Wisc -
8. Full Name of Father Charles W. Ryan
9. Father's Occupation Salesman
10. Father's Birthplace City
- Name of Medical Attendant, or other Person who makes this Return. W. A. B. Sullivan M.D.
- Address Carrollton Ave; Laureate St.
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 16th 1883

4. Place of Birth, (Street and Number)

106 E. Pratt St

5. Full Name of Mother,

Francis M. Maltman

6. Mother's Maiden Name,

Deane M.

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Frederick Maltman

9. Father's Occupation,

Lager Beer Saloon

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Anna H. Gysist

Address,

182 E. Monument St.

Remarks,



shall of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, and under the penalty, provided in the cases of the births and deaths of illegitimate children, and any person or persons who shall be guilty of any violation of the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

born, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 16th 1883

4. Place of Birth, (Street and Number)

Baltimore Scott. St N^o. 112

5. Full Name of Mother,

Elizabeth Ramont

6. Mother's Maiden Name,

Blundell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

E. Ramont

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o. 38 Parkin St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *2 female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *16 July 1883*
4. Place of Birth, (Street and Number) *25 Eddy St Baltor. City*
5. Full Name of Mother, *Elisabeth Klingelhofer*
6. Mother's Maiden Name, *Elisabeth Vangel*
7. Mother's Birthplace, *Prussian or Germany*
8. Full Name of Father, *David Klingelhofer*
9. Father's Occupation, *Wheelwright*
10. Father's Birthplace, *Prussian or Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Wiley*
- Address, *No 120 Patterson Park ave*
- Remarks,



certification, between the first and third day of each and every month, to the Board of Health, in any case, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, for should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or such child to report its birth to the Board of Health, in the manner, and at the time, and place, and in the form, and under the penalties, and subject to the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Registrar, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 20th

1. Sex (state whether male or female) _____

2. Race or Color, (if not of the white race) W

3. Date of Birth July 16 1883

4. Place of Birth, (Street and Number) W 250 N Carey

5. Full Name of Mother Simon Gent

6. Mother's Maiden Name Simon Heath

7. Mother's Birthplace Bucks

8. Full Name of Father Henry Gent

9. Father's Occupation Clark

10. Father's Birthplace Bucks Co

Name of Medical Attendant, or other Person who makes this Return. A. Hartman M.D.

Address 73 Fremont

Remarks _____

RETURN OF A BIRTH

64731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Age of Mother, (state whether 1st, 2d, 3d, &c.)

first child

Whether male or female

female child July 16

Color, (if not of the white race)

of a fairer race

Birth,

Baltimore, Md.

Birth, (Street and Number)

Rose St. 13.

Name of Mother,

Maria Calman

Maiden Name,

Maria Lewis

Birthplace,

Alexandria Va

Name of Father,

Mary Calman

Occupation,

Calman

Birthplace,

Baltimore county

Medical Attendant, or other Person who makes this Return

Lucy Condit
Juden Allie 15.



11722

A circular library stamp from the Department of Health, Baltimore. The text "DEPT. OF HEALTH" is curved along the top inner edge, and "BALTIMORE" is curved along the bottom inner edge. In the center, the date "JUL 20 1883" is stamped.

- Female
White
July 16 1883
176 r Carey St
Henrietta Frank
Henrietta Stone
City
Louis Frank
Cattle Dealer
City
As per record

ARNOLD

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 64723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Part of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the board of health, in the manner, and within the time, prescribed by the board of health, and the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter be convicted of disobeying any provision of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 17th 1883

4. Place of Birth, (Street and Number)

282 E. Gay St.

5. Full Name of Mother,

Rose W. Anderson

6. Mother's Maiden Name,

Bach

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Harmon S. Anderson

9. Father's Occupation,

Stationary Store

10. Father's Birthplace,

Loganport Ind.

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Hall

Address,

182 E. Gay St.

Remarks,

place of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to send a certificate of the birth of such child to the Board of Health, and within the period of three days thereafter, except in the cases of still births, and stillborn children, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 17 / 83*

4. Place of Birth, (Street and Number) *12 E Balto St*

5. Full Name of Mother, *Mary A. Burley*

6. Mother's Maiden Name, *" " McNalley*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thos Burley*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Geo D Blake*

Address, _____

Remarks, _____



Sex, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14726

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 17th. 1883

4. Place of Birth, (Street and Number)

10122 Biddle St.

5. Full Name of Mother,

Mary Baker

6. Mother's Maiden Name,

Mary Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Baker

9. Father's Occupation,

Elevator Street Worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. A. Butt

Address, 16. 185 S.E. cor. Central av. & Monument St.

Remarks, All Well

RETURN OF A BIRTH

64727

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 17th 1883

4. Place of Birth, (Street and Number)

270

Harford Ave

5. Full Name of Mother,

Lillian

Smith

6. Mother's Maiden Name,

Scott

7. Mother's Birthplace,

New Jersey

8. Full Name of Father,

Smith

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

New Jersey

Name of Medical Attendant,

or other Person who makes this Return

W. B. Bellinger

Address,

256 E. Preston St

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person to be in attendance upon the mother, immediately thereupon; it shall then become the duty of the practitioner, or of the person to be in attendance upon the mother, to deliver the said certificate, within the period prescribed, except in the cases of stillbirths, and deaths in the puerperal period, and in such cases the practitioner shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 1st 1883

4. Place of Birth, (Street and Number)

Easton & German St

5. Full Name of Mother,

Bertha Mueller

6. Mother's Maiden Name,

" Wolfe

7. Mother's Birthplace,

Gotha, Germany

8. Full Name of Father,

Fredk Mueller

9. Father's Occupation,

Cigar Manufacturer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Koch

Address,

328 South E. Easton St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 17. 1883. (2.30 a.m.)

4. Place of Birth, (Street and Number) 61 Oliver Avenue, cor of Madison

5. Full Name of Mother, Alice J. Strickler

6. Mother's Maiden Name, " Johnson

7. Mother's Birthplace, Md

8. Full Name of Father, Wilgus E. Strickler

9. Father's Occupation, Conductor at N. & A. R. R.

10. Father's Birthplace, Md.

Name of Medical Attendant, B. Lane Taneyhill
or other Person who makes this Return

Address, 219 Madison Ave

Remarks, chloroform but no instruments



place of the birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Registrar of the City of Baltimore, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner of midwifery, or of the person attending the birth, to report the birth to the Registrar of the City of Baltimore, in the manner, and at the time, prescribed by the Board of Health. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 birth

Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14 July

4. Place of Birth, (Street and Number)

Longest Street No. 132

5. Full Name of Mother,

Josephina Morasgi

6. Mother's Maiden Name,

" Dompraggi

7. Mother's Birthplace,

Kresgalitz Prusson

8. Full Name of Father,

Karl Morasgi

9. Father's Occupation,

10. Father's Birthplace,

Kresgalitz

Name of Medical Attendant, or other Person who makes this Return

Address,

Lombard Street No. 248

Remarks,

W. S. Mauser



RETURN OF A BIRTH

64731

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Male

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 17 1883

4. Place of Birth, (Street and Number)

3270 Caroline st

5. Full Name of Mother,

Lucie T Leach

6. Mother's Maiden Name,

Stevens

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo T Leach

9. Father's Occupation,

Cool Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A Allwell

Address, 286 W Donagh st

Remarks,

any person shall make such certificate, his sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur in attendance upon the mother, immediately thereafter, in the manner, and duty of the parent or other person, except in the case of the birth of a stillborn child, in the manner, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Negro

3. Date of Birth,

July 17th 1883

4. Place of Birth, (Street and Number)

175 Pease St.

5. Full Name of Mother,

Annie Johnson

6. Mother's Maiden Name,

Annie Mitchell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Johnson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

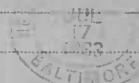
Name of Medical Attendant, or other Person who makes this Return

Wm. H. Keyser, M.D.

Address,

375 Madison Ave.

Remarks,



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64733

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 17th 1893*
4. Place of Birth, (Street and Number) *879 Battery Ave*
5. Full Name of Mother, *Lena Schneider*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles H. Manning*
9. Father's Occupation, *Labr.*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, *Dr. M. A. Cottell*
or other Person who makes this Return.
Address, *8160 William St*
Remarks,

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Baltimore City Jan'y. 17. 1880

4. Place of Birth (Street and Number) Farmwood St No 232

5. Full Name of Mother Laura Bell

6. Mother's Maiden Name Laura Miller

7. Mother's Birthplace Baltimore City

8. Full Name of Father Laura Bell

9. Father's Occupation Leather Dresser

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. M. Shaffer

Address Bulkeley St. No 114

Remarks

RETURN OF A BIRTH 64735

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17. 1883

4. Place of Birth, (Street and Number) No 13 Cuba

5. Full Name of Mother, Amie M. Etzel

6. Mother's Maiden Name, to M. Prenger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph M. Etzel

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Margie Etzel
or other Person who makes this Return

Address, No 13 Cuba St

Remarks,



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 17th 1888

4. Place of Birth, (Street and Number)

No. 1247 1/2 Baltimore
Cathern Mc Caffrey
Belle

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

America
Charles Mc Caffrey

8. Full Name of Father,

America

9. Father's Occupation,

Copper

10. Father's Birthplace,

J. Schwasser midwife
390 Hanover St.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

[illegible]

A circular postmark from Baltimore, dated July 21, 1883. The text "BALTIMORE." is curved along the bottom, and "JUL 21 1883" is in the center.

4th. *Chalcid*
Chalcid

- July 17 — 1883
Box 111 Randall st.
Cecilie Wendels
Wagner
America
George Wendels
Copper
America
of Schoaster midwife
330 Hanover st.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth certificate, to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth certificate is not delivered, the practitioner shall be liable to a fine of ten dollars for each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City. The practitioner shall also be liable to a fine of ten dollars for each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, if he or she shall fail to report the birth of a child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period of thirty days after the birth of the child, except in the case of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each infraction, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - *Milton Bradford*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 17th 1883*

4. Place of Birth, (Street and Number) *123 South St*

5. Full Name of Mother, *Emma Russell*

6. Mother's Maiden Name, *Laurel*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *James P. Russell*

9. Father's Occupation, *College Broker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Theodore G. G. G.*

Address, *2-24-54*

Remarks, *h m*



GIVEN NAME ADDED 2-24-54

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *June 11th 1893*

4. Place of Birth, (Street and Number) *111 D. St*

5. Full Name of Mother, *Lena Fischer*

6. Mother's Maiden Name, *" Herberich*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Robert Fischer*

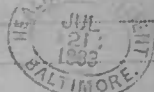
9. Father's Occupation, *Cashier*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Thos. J. Coker M.D.*

Address, *for L. 3*

Remarks.



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant,

Address.

Remarks.

or other Person who
makes this Return

b6
b7C

10.

ALL CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

July the 14th

4. Place of Birth, (Street and Number)

Baltimore fort av No 94

5. Full Name of Mother,

Luisa Meseke

6. Mother's Maiden Name,

Chebey

7. Mother's Birthplace,

germany

8. Full Name of Father,

William Meseke

9. Father's Occupation,

labour

10. Father's Birthplace,

germany

Name of Medical Attendant, or other Person who makes this Return

Elisabeth Rathorn

Address,

William st No 94

Remarks,



certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report the birth of the child to the Board of Health, within the period herein provided, and shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

17 July

4. Place of Birth, (Street and Number)

112. Eden

5. Full Name of Mother,

Minnie Hofer

6. Mother's Maiden Name,

Hessa

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Hofer

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

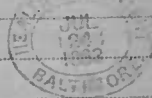
Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,



64/44
Times City

[illegible]

2

Female.



17 July

199. Gen. Ave.

Jenny Repens

Darf

Baltimore

Edward Pepero

Labourer

Baltimore

Sarah Casper

72. O. Lombard street

COPIES CITY PRINTING AND STATIONERY.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3. child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 July 1883

4. Place of Birth, (Street and Number)

55 Chester st

5. Full Name of Mother,

Mary Garrison

6. Mother's Maiden Name,

Krider

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Garrison

9. Father's Occupation,

Ship smith

10. Father's Birthplace,

Donne County

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address, 12 Patterson

Park av

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in at or near the birth of a child, the mother, immediately thereafter, it shall then become the duty of such person to report the birth of such child to the Registrar of Vital Statistics, within the period of ten days thereafter, and to furnish him with a true and correct statement of the facts of the birth, in the manner, and to the effect, prescribed in this section. Any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 18th 1883

4. Place of Birth, (Street and Number)

No. 168. Bank St.

5. Full Name of Mother,

Elizabeth Farrell

6. Mother's Maiden Name,

" Clarke

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Farrell

9. Father's Occupation,

Moulder

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. S. Clarke - M.D.

Address,

237 Gough St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 18th*

4. Place of Birth, (Street and Number) *506 1st St*

5. Full Name of Mother, *Pauline Strube*

6. Mother's Maiden Name, *Pauline Reinheimer*

7. Mother's Birthplace, *New York*

8. Full Name of Father, *Henry Strube*

9. Father's Occupation, *Bucher*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

within six days
distinctly the date of birth, sex, and color of the child or children born, its or their physical
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden
name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



4th Male 16th July 35 of Health

Mary Loretta Ashley
Harrison

Baltimore

Jacob Stephen Ashley
Linn

Baltimore

Elizabeth J. Jewell

52 West Ave

Missing

64750 + 64751

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12th July 1893*

4. Place of Birth, (Street and Number) *44 North Charles Street*

5. Full Name of Mother, *Irish Maat*

6. Mother's Maiden Name, *Irish Maat*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *James Maat*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, *Dr. William Maat*

or other Person who makes this Return

Address, *11 North Charles Street*

Remarks, *Healthy*



exact register of each birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the names of the parents, the day and any time of birth, and the sex of the child. The said schedule shall be delivered, duly signed by the Registrar of Health, in the form of a certificate, between the second and third day of each and every month to the Registrar of Health. In each the birth of any child shall be entered without the attendance of a physician, or of a dispenser of medicine, or of any other person be in attendance upon the mother, immediately after the birth of the child, in the manner, and at the time, and place, and under the name, and of the parents, and of the child, as required, except in the case of this child, which shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

"What any physician, accouchent, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name of the child or children, of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d.

1. Sex, (state whether male or female)

female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

July 18.

4. Place of Birth, (Street and Number)

42 Clay St.

5. Full Name of Mother,

Pauline Genderic.

6. Mother's Maiden Name,

Westfall

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Frank Genderic.

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany.

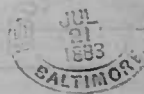
Name of Medical Attendant, or other Person who makes this Return

Dr. Moyer

Address,

119 W. Monument St.

Remarks,



Advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name of the mother, her nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

July 18th

4. Place of Birth, (Street and Number)

19 Edmondson St

5. Full Name of Mother.

Louisa New

6. Mother's Maiden Name.

Dinger

7. Mother's Birthplace.

New York

8. Full Name of Father.

Henry F. New

9. Father's Occupation.

Clerk

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. S. Buddenbom M.D.

Address,

166. S. Paravit.

Remarks,



owner of Health. This schedule shall contain a list of the births which have occurred since his or her last return during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the day and third day of each and every month to the birth of the child. In case the certificate, before the birth of the child, is not in the hands of the Registrar, the parent or person who should no other person, in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*



1. Sex, (state whether ~~male~~ female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 21st 1883*
4. Place of Birth, (Street and Number) *S. Bond St. 141*
5. Full Name of Mother, *Sophia Laupus*
6. Mother's Maiden Name, *Sophia Wiedemeyer*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Henry Laupus*
9. Father's Occupation, *Saloon Keeper*
10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return

Address, *11 Delia St. 1426*

Remarks, _____

soner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be filled up and signed by the person who has attended the birth of the child, and shall be returned to the Registrar of Vital Statistics, Baltimore City, in the form of a return, and shall be subject to a fine of five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



2nd
Female
White
July 18th 1883
351 Sharp St
Walden Smith
Cooker
Germany
Charles J. Smith
Hay Blower
Germany
Hudson Cook
146 Hancock St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth July 18th 1883
4. Place of Birth (Street and Number) 35 S. E. Lincoln St
5. Full Name of Mother Mary E. Kearney
6. Mother's Maiden Name Bois
7. Mother's Birthplace Balt. Co. Md.
8. Full Name of Father Charles B. Kearney
9. Father's Occupation Teamster
10. Father's Birthplace Balt. Co. Md.
Name of Medical Attendant, or other Person who makes this Return. Wm. D. P. Lenthin M.D.
Address 34 W. Lincoln St
Remarks At home

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

July 18 1883

4. Place of Birth, (Street and Number)

Battery Ave. No 245

5. Full Name of Mother,

Josephine Galt

6. Mother's Maiden Name,

Josephine Heber

7. Mother's Birthplace,

New York

8. Full Name of Father,

Joseph Galt

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Catharine Hermann

Address,

No 18 Bayrd st

Remarks,



This certificate shall contain a list of the births which have occurred during the month, and shall set forth, as far as possible, the following particulars: the full name and occupation of the parents, the day and hour of the birth, and the sex of the child; the name of the physician, or other person who attended the birth, and the name of the person who made the return; the date of the birth, and the place of birth; the full name of the mother, and her maiden name; the mother's birthplace; the father's full name, occupation, and birthplace; the name of the medical attendant, or other person who makes this return; the address of the mother; and such other particulars as may be required by the Board of Health, in the manner, and to the effect, hereinafter provided. In case the birth of any child shall occur without the attendance of a physician, or other person authorized by the Board of Health, the person who makes the return shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

During the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a person duly qualified to certify, the birth of such child shall be reported to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 18 July

4. Place of Birth, (Street and Number) 136 Bond

5. Full Name of Mother, Annie Martini

6. Mother's Maiden Name, Feathe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Otto Martini

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number) ..

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, or other Person who makes this Return ..

Address, ..

Remarks, ..

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Names of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH.

64763

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of Mother, (state whether 1st, 2d, 3d, &c.)

5

Child

whether Male or Female

sex female

Color (if not of the white race)

Color race

Birth

July 18: 1883

Birth (Street and Number)

Baltimore No 46 Walker Street

name of Mother

Sallic Riley

Maiden Name

Sallic Butler

Birthplace

Frederick

name of Father

Joseph Riley

Occupation

Brick & Chalk

Birthplace

Baltimore

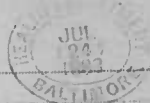
of Medical Attendant,

or other Person who
makes this Return.

Catherine Riley

No 44. Walker Street

Baltimore



TH 10/16/61

A circular postmark from Baltimore, dated July 1894. The text "BALTIMORE" is curved along the bottom, and "JUL 1894" is in the center.

[illegible]

- Name of Medical Attendant, or other Person who makes this Return *Mrs Goetzke*
Address, *No 65 S. Bond St*

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

born, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children.

any return shall have been verified, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be present, the mother, immediately after the birth of the child, shall be under the duty of the parent to verify the same, and to deliver the same to the Board of Health, in the manner and to the time provided, except in the case of the births and deaths of premature children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, July the 18th
4. Place of Birth, (Street and Number) Baltimore William St No 229
5. Full Name of Mother, Elizabeth Tolson
6. Mother's Maiden Name, Davis
7. Mother's Birthplace, Virginia
8. Full Name of Father, James Tolson
9. Father's Occupation, labour
10. Father's Birthplace, Caribbean
- Name of Medical Attendant, or other Person who makes this Return Elizabeth H. Hathorn
- Address, William St No 229
- Remarks,

TH 6/4/67

JUL 24 1892
BALTIMORE

21

female.

Colored

July 18th 1883

Figure 1 at No. 47

Catharine ~~Stanton~~ Myers

Catharine Stanton

northern state.

James Myers

James
Porter

Baltimore city

or other Person who
makes this Return

Harriett. Jackson

No 5- Forrest St

Remarks,

[illegible]

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

July. 18th 1883

Place of Birth, (Street and Number)

Baltimore Woodward St No. 62

Full Name of Mother,

Laura Melville

Mother's Maiden Name,

Biddle

Mother's Birthplace,

Baltimore

Full Name of Father,

Charles Melville

Father's Occupation,

Carpenter - Maker

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this return

Mrs. C. Mitchell

Address,

No. 58 Park St.

Remarks,

[illegible]

HE:
1883
BALTIMORE

3 chila

Female.

White

18 of July 1883

439 Eastern av

Mary, Dorman

Sturkey

Baltimore

james dorman

Labor

Baltimore

or other Person who
makes this Return

Mrs. Wiley

No 12 Patterson Park av.

Remarks. _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race)

3. Date of Birth. *July 14th 1883*

4. Place of Birth, (Street and Number) *1322 W. Baltimore St.*

5. Full Name of Mother, *Mina Polig*

6. Mother's Maiden Name, *Freder.*

7. Mother's Birthplace, *Prussia. Prussia Steinbach*

8. Full Name of Father, *Freder. Polig*

9. Father's Occupation, *Book Binder*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Dr. Friedman*

Address, *1412 N. Monmouth*

Remarks,



RETURN OF A BIRTH

14771

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{cd}*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *July 19th 1883*
 4. Place of Birth, (Street and Number) *No 2 Eden St. Court.*
 5. Full Name of Mother, *Rosie Basten*
 6. Mother's Maiden Name, *" Gant.*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Basten*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return *M. A. Butt*
 Address, *No. 185 S.E. cor Central av & Monument St.*
 Remarks, *All Well*

625772-

[illegible]

Mal

Find

White

July 19th 1880

Cor Burre & Barnes & Co.

Annie Keilung

10 *Gothenburg*

Christian

Adelbert Heimberg

Cabinet - Shaker

Auction
 12th Nov

328 further out

Remarks.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

64773

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.
1. Sex (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth July 19. 1883.
4. Place of Birth, (Street and Number) 197 Columbia Av.
5. Full Name of Mother Ida Huck.
6. Mother's Maiden Name Ida Manzy.
7. Mother's Birthplace Harpers Ferry W. Va.
8. Full Name of Father Jay. P. Huck.
9. Father's Occupation A. R. Fireman.
10. Father's Birthplace Fredricks. Md.
Name of Medical Attendant, or other Person who makes this Return. A. G. Hatty M. D.
Address 282 N. Lombard St.
Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH,

64774

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 19th 1883
4. Place of Birth, (Street and Number) 153- Hughes St.
5. Full Name of Mother Lizzie Libby
6. Mother's Maiden Name Hurley
7. Mother's Birthplace N. I.
8. Full Name of Father Wm M.B. Libby
9. Father's Occupation Mariner
10. Father's Birthplace Missouri

Name of Medical Attendant, or other Person who makes this Return. R. C. Lee

Address N. W. on Hanover & Barrister St.

Remarks _____

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. *July 20th 1883.*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *July 19th 1883.*

4. Place of Birth, (Street and Number) *249 Eastern Ave.*

5. Full Name of Mother, *Ansie Wolf*

6. Mother's Maiden Name, *Ansie Kratz*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Egypt Wolf*

9. Father's Occupation, *Steward*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Mary Amend*

Address, *No 137 S Wolfe St.*

Remarks, *OP*

place of its birth, and the said newborn child be each registered by the proper authority, to the same effect as certificates between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent to procure such child to appear at its birth to the Board of Health, in the manner, and within the period herein required, except in the case of the birth and death of an illegitimate child, and if any person or persons who shall hereafter fail to comply with the provisions of this article shall be subject to a fine of ten dollars for each offense; to be recovered, by no other party than the periodic assessor, veritable.

RECEIVED
JUL
21
1883
BALTIMORE

Remarks.

or other Person who
makes this Return

162177

place of its birth, and the said schedule shall be delivered, duly stamped by the practitioner, in the form of a certificate, between the first and third day of each and every month to the board of health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner in the possession of a license, the mother of such child shall be liable to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

First

Male

White

July 19th 1883

270 Pennsylvania Ave.

Lottie Millie

Lowes

Balto City

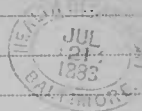
Henry F. Miller

Bricklayer

Bacterioph

Johnston M.D.

431 Penna. Ave.



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

64778

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 3

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 19 July

4. Place of Birth, (Street and Number) 143 Forrest St

5. Full Name of Mother, Yetta Eisenhain

6. Mother's Maiden Name, Le Kalphski

7. Mother's Birthplace, Poland

8. Full Name of Father, Haimen Eisenhain

9. Father's Occupation, Peddler

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Gilly

Address, 48 Halland St

Remarks, Baby



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July the 19.*

4. Place of Birth, (Street and Number) *William St. 14 E.*

5. Full Name of Mother, *Mosine Reiger*

6. Mother's Maiden Name, *Mosine Hahn*

7. Mother's Birthplace, *Leerschellen, b. Würtemberg, Germany*

8. Full Name of Father, *John Reiger*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Le Porscighon, b. Würtemberg, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Muller*

Address, *W. Dallas St. 14 E. 26*

Remarks, _____



Place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days of the month in which the birth occurs, to the Registrar of Vital Statistics, in person or by mail, or by the hand of a physician, or of a nurse, or of a midwife, or of a person authorized by the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a nurse, or of a midwife, or of a person authorized by the Board of Health, the parent or parents of such child to report its birth to the Registrar of Vital Statistics, in person or by mail, or by the hand of a physician, or of a nurse, or of a midwife, or of a person authorized by the Board of Health, within the period of three days after the birth of such child, and the parent or parents of such child shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

any infant shall have been born elsewhere, and that no person responsible for a person's care shall deliver any infant to any birth, and the said school shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of an infant shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a person duly qualified to attend such birth, the person attending such birth shall then become the practitioner of the infant, and shall be responsible for the same, and shall be liable to be summoned before the Board of Health, and to be fined, or imprisoned, or both, for any breach of the provisions of this section shall be subject to any term of ten dollars for each offence, to be recoverable as other fines and penalties are recoverable.

Baltimore City

1. Sex, (state whether ~~male~~ female)

2. Race or Color, (if not of the white race) 11/24/40

3. Date of Birth. Sept. 10, 1947

4. Place of Birth, (Street and Number) • 1, Wake St., 14 St.

5. Full Name of Mother, • Haggit Benmelman

6. Mother's Maiden Name, *Magye Lind*

7. Mother's Birthplace, Walden, Idaho

8. Full Name of Father, Henry Hammelmaier

9. Father's Occupation, 2/18/1893

10. *Father's Birthplace.* Italy

Name of Medical Attendant, or other Person who makes this Return.

Address, W. Dallas Tex. 10426.

Remarks.

[illegible]

111
64751
Stimms, Sid

5th. White

- 

Mary E. Keller

44 Dallas St. 12/16.

RETURN OF A BIRTH *64782*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *Coloured*

Date of Birth, *July 19th 1883*

Place of Birth, (Street and Number) *No 1 Vine st*

Full Name of Mother, *Sarah Speaks*

Mother's Maiden Name, *Sarah Hammond*

Mother's Birthplace, *Ansomdale Pa*

Full Name of Father, *Samuel Speaks*

Father's Occupation, *Labourer*

Father's Birthplace, *Fredrick City*

Name of Medical Attendant, or other Person who makes this Return *Challister Wynn*

Address, *258 Roberson st*

Remarks, *None*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

111
67753

A circular postmark from Baltimore, dated JUL 23 1983. The text "BALTIMORE" is curved along the bottom, and "JUL 23 1983" is in the center.

64

- Male.

- White

- July 19th 1883

- No 2 Bevernagh st

- Anna White

- Stone Batch

- Baltimore

- Joseph White

- 10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1

- Germany

Catharine Hornum

27^o 18 Byrd st

Remarks:

A AND CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 19 1893

4. Place of Birth, (Street and Number) No 512 York & Emma St.

5. Full Name of Mother, Eleanor Trampe

6. Mother's Maiden Name, Wheeler

7. Mother's Birthplace, Hannover

8. Full Name of Father, Henry Trampe

9. Father's Occupation, Tanner

10. Father's Birthplace, Hannover

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

E. S. Smith

No 848 Penna Ave.

ward, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

July 15th

4. Place of Birth, (Street and Number)

633 Pratt St

5. Full Name of Mother,

Annie Cook

6. Mother's Maiden Name,

Annie Forist

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William J Cook

9. Father's Occupation,

Police

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary Horgan

Address,

112 Scott St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64786

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male
White.

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 19th 1883

4. Place of Birth, (Street and Number)

Baltimore Clifford St. No. 28

5. Full Name of Mother,

Annie Golden

6. Mother's Maiden Name,

Blutcher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James. Golden

9. Father's Occupation,

Laborer

Father's Birthplace..

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. C. Mitchell

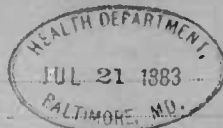
Address,

No. 58 Parkin st

Remarks,

RETURN OF A BIRTH 64787

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th
Male

White

July 19th 1883

486 E. Eager St

Ellen V. Basil

Ellen V. Small

Baltimore City

David C. Basil

Barber

Annapolis, Md

S. A. C. Overton

31 Wolf St

Sickly

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

64788

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth July 19th 1883

4. Place of Birth (Street and Number) 25 Hillman St

5. Full Name of Mother Emma Taylor

6. Mother's Maiden Name "

7. Mother's Birthplace Balt

8. Full Name of Father Samuel Miles

9. Father's Occupation Black Smith

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return.

George Raymond

Address

171 N Calvert St

Remarks

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 19th 1883

4. Place of Birth, (Street and Number)

155 1/2 Fifth Street

5. Full Name of Mother.

Anna R. Krantz

6. Mother's Maiden Name,

Anna R. Martin

7. Mother's Birthplace,

Carroll Co Md

8. Full Name of Father.

Ashton A. Krantz

9. Father's Occupation,

Commission Merchant

Father's Birthplace.

Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return

Sam'l B. Bowley M.D.

Address,

29 1/2 Fifth Street

Remarks.

64191

HE
BALTIMORE.

14th.

Journal

62

19th July

17. China to Brit. Mus.

John Brown

John Smith

1106

12/24/1911

bird name

Lat. 14.0

11/11/1911

12. *Yucca filifera*

Remarks,

4-292-1075 PLINTERS AND STATISTICAL.

RETURN OF A BIRTH.

64791

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

colored

3. Date of Birth

July 19th '83

4. Place of Birth (Street and Number)

74 Maryland Avenue

5. Full Name of Mother

Gelia Black

6. Mother's Maiden Name

Gelia Stewart

7. Mother's Birthplace

Maryland

8. Full Name of Father

Edward Black

9. Father's Occupation

Laborer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Edmund R Walker MD

Address

183 Linden Ave

Remarks

L O A - easy

place of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified to attend the birth, the person so attending the birth shall be liable to a fine of ten dollars for each offense, to be recovered as other like and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19th of July*
4. Place of Birth, (Street and Number) *No. 68 Balorg St*
5. Full Name of Mother, *Carrie Zell*
6. Mother's Maiden Name, *Carrie Frank*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Matthew Zell*
9. Father's Occupation, *House*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Selock*
- Address, _____
- Remarks, _____



RETURN OF A BIRTH

64793

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

75

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feble 19. 83.

4. Place of Birth, (Street and Number)

Oleens tr. No 314

5. Full Name of Mother,

Justine Lauer

6. Mother's Maiden Name,

Lipoyel

7. Mother's Birthplace,

Hessen

8. Full Name of Father,

Heinrich Lauer

9. Father's Occupation,

Gas lamp maker

Father's Birthplace,

Hessen

Name of Medical Attendant, or other Person who makes this Return

Wm. Loh. Brumbach
of H. Wolffs No 114

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH.

64794

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Three*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 19th 1883*
4. Place of Birth (Street and Number) *720 W. Pratt St*
5. Full Name of Mother *Alfarata Lloyd*
6. Mother's Maiden Name *Alfarata Broquiere*
7. Mother's Birthplace *Wilmington, Ind*
8. Full Name of Father *Robert Leach*
9. Father's Occupation *Mechanic*
10. Father's Birthplace *Balto Md*
Name of Medical Attendant, or other Person who makes this Return. *J. E. Guinner M.D.*
Address *41 W. Carey St*
Remarks

RETURN OF A BIRTH

64795-

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *July 20th 1883*
 4. Place of Birth, (Street and Number) *119 1/2 Elliott Street*
 5. Full Name of Mother, *Marcellus Crabb*
 6. Mother's Maiden Name, *Marcellus Wilson*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Allen D. Crabb*
 9. Father's Occupation, *Is Plasterer*
 Father's Birthplace, *Prince William County Virginia*
 Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Gullens*
 Address, *104 Curley Street*
 Remarks,

Return to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, by the parent, or their physical condition, whether able-bodied or not, the date of birth, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *64796*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *July 20 1883*

4. Place of Birth, (Street and Number) *265 Franklin St*

5. Full Name of Mother, *Hattie Hudson*

6. Mother's Maiden Name, *Hattie Mortimer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Hudson*

9. Father's Occupation, *Cigar Maker*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. A. Meisner*

Address, *305 Pennsylvania Ave*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64797

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Gollard

3. Date of Birth,

July 20th. 1883

4. Place of Birth, (Street and Number)

No. 46 Mc Kelders St Court

5. Full Name of Mother,

Julia Thomas

6. Mother's Maiden Name,

"
Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Sam. Leigh

9. Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

W. A. Butt

Address, No. 185 E. Cor Central and Monument St

Remarks, Died

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 20th

4. Place of Birth, (Street and Number)

114 Leadville St
Louisa Wuestner
Smith

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

City
Ana Wuestner

8. Full Name of Father,

Cooper

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

J. A. Beach M.D.
15 1st Avenue N

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
female
white
July 30th
100 La St
Catherine Lightner
" Bath
City
Chas Lightner
Clerk
City
J C Burch Sr
151 Hanover St

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *by son*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



o. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*

Sex, (state whether male or female) *female*

Race or Color, (if not of the white race) *white*

Date of Birth, *30 July*

Place of Birth, (Street and Number) *213 d. Central ave*

Full Name of Mother, *Lizzie Kreiger*

Mother's Maiden Name, *Kurtz*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Anton Kreiger*

Father's Occupation, *Salaon*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Miss Rosa Altrey
48 Hallam St

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 20th 1883

4. Place of Birth, (Street and Number)

507 Hanover St.

5. Full Name of Mother,

Rebecca Kennedy

6. Mother's Maiden Name,

" Neoman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jas. Kennedy

9. Father's Occupation,

Police Inspector

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Cook

Address,

328 South Euterpe

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents in such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalties, herein provided, and in case of illegitimate children, and in case of stillbirths, the parents or person or persons having charge of the child, or the physician or midwife, or other person, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

64802

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *12*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 20, 83.

4. Place of Birth (Street and Number)

207 S Bona

5. Full Name of Mother

Livette Bernstein

6. Mother's Maiden Name

7. Mother's Birthplace

Balt.

8. Full Name of Father

Maurice Hanline

9. Father's Occupation

Dealer in paints &c

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. A. H. H. H.

Address

137 W. 7th St

Remarks

State the day, hour, place, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *64803*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

July 20th

4. Place of Birth, (Street and Number)

Green St. No 228

5. Full Name of Mother,

Mary Dugan

6. Mother's Maiden Name,

Mary Morris

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Dugan

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

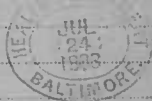
Name of Medical Attendant, or other Person who makes this Return

Mrs Mary Thompson

Address,

112 Scott St

Remarks,



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64804

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20th July
4. Place of Birth, (Street and Number) Patterson Lane No. 12
5. Full Name of Mother, Anna Mills
6. Mother's Maiden Name, Anna Doran
7. Mother's Birthplace, Ireland
8. Full Name of Father, Nicholas Mills
9. Father's Occupation, Gas diver
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other person who makes this return, Hiram Dooley Midwife
Address, 18 Rygle Avenue
Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64805

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth (5)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 July 1883

4. Place of Birth, (Street and Number) No. 1 Burke St

5. Full Name of Mother, Micamne Haase

6. Mother's Maiden Name, Micamne Ash

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Lerdinand Haase

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, Henrietta Glaeser
or other Person who makes this Return.

Address, Moulberry str extended

Remarks, In good health



RETURN OF A BIRTH

14806

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 20th 1883

4. Place of Birth, (Street and Number)

N. H. Cor Charles & Reed

5. Full Name of Mother,

Mary E Chaney

6. Mother's Maiden Name,

- - Christ

7. Mother's Birthplace,

Balt
Wm Chaney

8. Full Name of Father,

Clerk

9. Father's Occupation,

Baltimore

Father's Birthplace:

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Wm Whitebridge

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

450.7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) white

4. Date of Birth, 463. Lantvale St

5. Place of Birth, (Street and Number) July 20th 1883

6. Full Name of Mother, Eleanor Amelia ~~Booker~~

7. Mother's Maiden Name, Happoldt

8. Mother's Birthplace, Baltimore City Md

9. Full Name of Father, John Tyler Booker

10. Father's Occupation, House Painter

11. Father's Birthplace, Baltimore city Md

Name of Medical Attendant, or other Person who makes this Return

Address, 119 Edmonson St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Health, in the manner, and within the period already required, except in the cases of the birth and death of illegitimate children, and in such cases the parent or parents shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 20, 1883.

4. Place of Birth, (Street and Number)

344 W. Howard St.

5. Full Name of Mother,

Mattie H. Reall,

6. Mother's Maiden Name,

Hooff

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

A. Brooke Reall,

9. Father's Occupation,

Deceased

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

J. S. Doyle, M.D.
247 Lawrence

Address,

Remarks,



RETURN OF A BIRTH 64109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

July the 20

4. Place of Birth, (Street and Number)

307 Sharford str

5. Full Name of Mother,

Maggie A. Woody

6. Mother's Maiden Name,

Maggie A. Davidson

7. Mother's Birthplace,

Baltimore, city

8. Full Name of Father,

John D. Woody

9. Father's Occupation,

Butcher

Father's Birthplace,

Richmond, Va

Name of Medical Attendant, or other Person who makes this Return

John E. Bayless

Address,

386 Sharford

Remarks,

of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

July the 20th

4. Place of Birth, (Street and Number)

Baltimore William St. No. 25

5. Full Name of Mother,

Carrie Honey

6. Mother's Maiden Name,

Tolson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Honey

9. Father's Occupation,

labour

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Luthorn

Address,

William St. No. 374

Remarks,



certificates, including the first and last day of the month, and the day of the week, shall be given by the physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person having charge of such child to report its birth to the Board of Health, in the manner, and within the time, hereinafter provided. In the case of the birth and death of illegitimate children, and any person who neglects to give such information, or who gives false information, shall be subject to a fine of not less than five dollars, nor more than twenty dollars, and may be imprisoned for a term not exceeding thirty days.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 *first* child
male

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

20. of July

4. Place of Birth, (Street and Number)

No. 3 patapsco Ave

5. Full Name of Mother,

Mary Ann Gallap.

6. Mother's Maiden Name,

Mary Ann. Lapree.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Gallap.

9. Father's Occupation,

labor.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

May Le swanye

Address,

59 Luzerne.

Remarks,

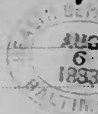
On the inside, and the inside of the cover of this card of return.

any child shall secure without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and hereafter fail to be considered as other than and persons who receiveable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *20th July 1883*
4. Place of Birth, (Street and Number) *No 468 West Lombard St*
5. Full Name of Mother, *Lizzie Mary Wimmer*
6. Mother's Maiden Name, *Lizzie Mary Volk*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Edward Wimmer*
9. Father's Occupation, *Piano Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Seebach*
- Address, *No 439 West Pratt St.*
- Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
Colored, colored
July 20
No 17 Mason Alley
Alice Luskine
Alice Moody
Peters County, Virginia
Charles Luskine
Barbara
Frederick, Frederick Md.
Mrs. Bonds
89 Daniel Alley

Print name of mother of such child or children.

RETURN OF A BIRTH

64814

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 21/83*

4. Place of Birth, (Street and Number) *593 Penna Ave*

5. Full Name of Mother, *Anna Goldsboro*

6. Mother's Maiden Name, *Brown*

7. Mother's Birthplace, *Med*

8. Full Name of Father, *Chas E. Goldsboro*

9. Father's Occupation, *Milkman*

10. Father's Birthplace, *Med*

Name of Medical Attendant, or other Person who makes this Return

J. Miller M.D.

Address,

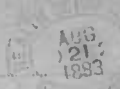
188 Franklin St.

Remarks,

RETURN OF A BIRTH

64815

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 21

4. Place of Birth, (Street and Number) No 42 Cedar Alley

5. Full Name of Mother, Margarette I. W. Knight

6. Mother's Maiden Name, Margarette I. W. Rothe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lewis Knight

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Dunsler.

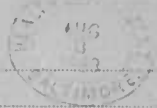
Address, C. N. Schroeder - St.

Remarks,

RETURN OF A BIRTH

64816

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 21, 1883

4. Place of Birth, (Street and Number)

241 Lanvale Street

5. Full Name of Mother,

Mary M. Lanahan

6. Mother's Maiden Name,

Imbieg

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Rev Samuel M. Lanahan

9. Father's Occupation,

Rev. Union Minister

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this return

Myer, Mower M.D.

Address,

88 N. 9th St. E.

Remarks,

On the part of the mother of the mother of such child or children.

RETURN OF A BIRTH *74817*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Female
White
July 21 1883
191 Montgomery St
Emma Gladys
Emma Winsor
Baltimore
Edw. Gladys
Shoe Fitter
Baltimore
H. B. Noble M.D.
50 Hanover

Of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64518

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 21st 1883

4. Place of Birth, (Street and Number)

408 S. Paca St.

5. Full Name of Mother

Hopha Slawter

6. Mother's Maiden Name,

Scheiber

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Wm Slawter

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

Wm Combel, M.D.
170 S. Sharp St

Address,

Remarks,

RETURN OF A BIRTH

64819

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th
Male
White
July 21st
734 W Lexington
Mary Francis Leach
Mary Francis Hunt
Balt.
Wm W. Leach
Hotel keeper
Maryland
Wm Whitridge



RETURN OF A BIRTH 64520

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

21st

July

4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

Catharine Lonsom

6. Mother's Maiden Name,

Catharine Sevet

7. Mother's Birthplace,

Prince Anne County Va.

8. Full Name of Father,

William Lonsom

9. Father's Occupation,

Laborer.

Father's Birthplace.

Caroline Co. Va.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Walker

Address,

No 15 Duncan Alley

Remarks,

of the parents, and the maiden name of the mother of such child or children."

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

54821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

4. Place of Birth, (Street and Number)

St. Vincent's Inf Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Mary Houser

7. Mother's Birthplace,

W. Ireland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sister of Mary

Address,

Remarks,

94822

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *W. H. O.*

3. Date of Birth, 21st July 1922

4. Place of Birth, (Street and Number) *St. 316 Williams St*

5. Full Name of Mother, *Charbell Ringemann*

6. Mother's Maiden Name, *Nashell Love*

7. Mother's Birthplace, ... Baltimore

8. Full Name of Father, Henry Stangerman

9. *Father's Occupation,* Stone Cutter

Father's Birthplace. Bathurst

Name of Medical Attendant, or other Person who makes this Return *A. W. A. Sealab*

Address. _____

Remarks.

A circular postmark from Baltimore, MD, dated JUL 25 1893. The text "BALTIMORE" is curved along the bottom, and "MD" is at the top. The date "JUL 25 1893" is in the center.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 21st 1883

4. Place of Birth, (Street and Number)

1111 Highgate St.

5. Full Name of Mother,

Esther Schuch

6. Mother's Maiden Name,

Strophine

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

John W. Schuch

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Anna M. M. M. M.

Address,

182 E. Monument St.

Remarks,

Every person who is at any time during the year, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and form provided by law, and to cause the same to be entered in the register, and to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 14824

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

July 21 1883

4. Place of Birth, (Street and Number)

18 Fonghles St

5. Full Name of Mother,

Sarah Barney

6. Mother's Maiden Name,

West River

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Lucinda Woodford
130 Register St

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

Write six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64825

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Four Children*
1. Sex (state whether Male or Female) *Female Child*
2. Race or Color (if not of the white race) *Colored Race*
3. Date of Birth *July 21st 1883*
4. Place of Birth (Street and Number) *No 35 State St*
5. Full Name of Mother *Susan Smith*
6. Mother's Maiden Name *Susan Roberson*
7. Mother's Birthplace *Essex County Va*
8. Full Name of Father *Samuel B Smith*
9. Father's Occupation *Porter in Book Store*
10. Father's Birthplace *Baltimore Md*
Name of Medical Attendant, or other Person who makes this Return *None*
Address *Mrs Sarah Devoll*
Remarks *No 7 Jasper St Baltimore Md*

14526

RECEIVED
JUL 21 1283
BALTIMORE

- 25th
Female
White,

Female
White,

White,

July 21st 1883

Wm. S. Charles Jr.

Elizabeth Ryffel

"*Sabine*

A Germany,

Leonard Ayler

Haynes Parker

Sept 27

Frederick Cook V. H.
per 11/3

per 13

D. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

14827

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 24, 1883

4. Place of Birth, (Street and Number)

353 Lexington st.

5. Full Name of Mother

Ella E. Griffin

6. Mother's Maiden Name,

Kuhl

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Clarence A. Griffin

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Washington

Name of Medical Attendant,

or other Person who makes this Return

John Hood

Address,

352 Hollins St.

Remarks,

Fine little baby

of the parents, and the maiden name of the mother of such child or children."

Certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall, in the manner, and duty of this parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the case of the birth of a stillborn child, or of a child who dies within any person or persons, or should hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than \$10, nor more than \$20, for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

21 July

4. Place of Birth, (Street and Number)

76 Eden

5. Full Name of Mother,

Francis Mafocaguina

6. Mother's Maiden Name,

Oeden

7. Mother's Birthplace,

Italy

8. Full Name of Father,

George Mafocaguina

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

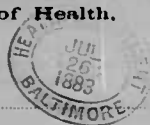
72 C. Lombard street

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 21 1883

4. Place of Birth, (Street and Number)

81 Duncan St

5. Full Name of Mother,

Esther Dickson

6. Mother's Maiden Name,

Esther Dickson

7. Mother's Birthplace,

Dunsmuir

8. Full Name of Father,

James Dickson

9. Father's Occupation,

laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. E. J. King

Address,

193 Green St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who
make this return

Address,

Remarks,

First -
Male

White

July 22nd.

Box of Mount Vernon ave.

Lucretia Nicholson

Ridgeway

Philadelphia

John Nicholson

Laborer in a brickyard

Baltimore

Dr. J. Luman

36 Frederick ave

A fine large child

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64831

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22^d July 1893

4. Place of Birth, (Street and Number)

15 James Lane

5. Full Name of Mother,

Catherine Hain

6. Mother's Maiden Name,

" Raymond

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Hain

9. Father's Occupation,

Care Master

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. M. Dodge

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Charles George Kahl

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

GIVEN NAME ADDED 5-23-55



Male

White

July 22nd 1883.

Colemans St. near 20 Beacon St.

Mrs. Christina Kahl

Miss C. Weiss

Germany

Mr. Henry Kahl

Cooper

Germany

Thos. J. Minnif

1, S. L. Russell St.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14/133

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 22, 1883

4. Place of Birth, (Street and Number)

4811 West Fayette

5. Full Name of Mother,

Kate C. Wilson

6. Mother's Maiden Name,

Barnes

7. Mother's Birthplace,

Howard County

8. Full Name of Father,

Samuel B. Wilson

9. Father's Occupation,

Shoe Burnisher

Father's Birthplace,

N. Carolina

Name of Medical Attendant, or other Person who makes this Return

John Wood

Address,

322 Hollers St.

Remarks,

John Bates

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14134

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Jewish

3. Date of Birth,

22 July

4. Place of Birth, (Street and Number)

126 Spring

5. Full Name of Mother,

Isabell Oppenheimer

6. Mother's Maiden Name,

Sorwenthal

7. Mother's Birthplace,

Balt - child

8. Full Name of Father,

Samuel Oppenheimer

9. Father's Occupation,

Clerk

10. Father's Birthplace,

France

Name of Medical Attendant, or other Person who makes this Return

Chas. Reed M.D.

Address,

118 Hollander

Remarks,

Balt. child

RETURN OF A BIRTH.

1455

The Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of Mother, (state whether 1st, 2d, 3d, &c.) *First*

Whether male or female) *Female*

Color (if not of the white race) *White*

Birth *22. July*

Birth (Street and Number) *No. 574 West Pratt St*

of Mother *Sarah Francis Bailey*

Maiden Name *Sarah Francis*

Birthplace *Baltimore*

of Father *Lawrence Henry Bailey*

Occupation *Machinist*

Birthplace *Baltimore*

Medical Attendant, or other Person who makes this Return.

*Mrs Ruth Colburn
No. 574 West Pratt St*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64136

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether male or female) male

2. Race or Color (if not of the white race) White

3. Date of Birth July 22nd 1888

4. Place of Birth (Street and Number) 147 Division St

5. Full Name of Mother Annie Dargus Bishop

6. Mother's Maiden Name Annie D. Bishop

7. Mother's Birthplace Baltimore City

8. Full Name of Father Thomas Johnson Bishop

9. Father's Occupation Telegrapher

10. Father's Birthplace Balt. City

Name of Medical Attendant, or other Person who makes this Return. James E. Donville M.D.

Address 2978 Baltimore St

Remarks

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and for cases in which the parent or parents who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 22nd 1883

4. Place of Birth, (Street and Number)

27 Baltimore St.

5. Full Name of Mother,

Caroline Conner

6. Mother's Maiden Name,

Kemp

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Thomas Conner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. H. Halliday

Address,

182 E. Monument St.

Remarks,

RETURN OF A BIRTH

12/38

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22 of July 1882

4. Place of Birth, (Street and Number)

No 249 W. Hillman St.

5. Full Name of Mother,

Aggie Markes

6. Mother's Maiden Name,

Aggie Monfelden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Markes

9. Father's Occupation,

Sales

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Laura Woodhabe

Address,

No 102 W. 2nd St

Remarks,



RETURN OF A BIRTH

14839

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2. *Child*
Female
White



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

22 of July 1893

4. Place of Birth, (Street and Number)

No 4 Schaps St

5. Full Name of Mother,

Agnes Kollmann

6. Mother's Maiden Name,

Agnes Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kollmann

9. Father's Occupation,

Labour

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Salina Grachaba

Address,

No 128 West St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth July 22nd 1893

4. Place of Birth (Street and Number) 101 Chestnut St.

5. Full Name of Mother Emma Nichols

6. Mother's Maiden Name Myers

7. Mother's Birthplace City

8. Full Name of Father Charles Nichols

9. Father's Occupation Waiter

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. E. B. Fink

Address No. E. Cor. Eden & Biddle Sts.

Remarks Still-Born. Instrumental Labor.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

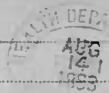
Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Female

White

July 22nd 1883

50 Greenmount Ave.

Fannie Brown

McDuff Phillips

Baltimore Md.

H. W. Brown

Clark

Baltimore Md.

Mrs. Anna Hellegers

182 E. Monument St.

When the person above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64842

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) _____
3. Date of Birth July 22, 1883
4. Place of Birth (Street and Number) No 220 Wornest St
5. Full Name of Mother Louisa Duntz
6. Mother's Maiden Name Louisa Comey
7. Mother's Birthplace Baltimore City M.D.
8. Full Name of Father William W. Comey
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City M.D.
- Name of Medical Attendant, or other Person who makes this Return. Wm. H. Schaffer
- Address No 114 Redgley St.
- Remarks _____

64843

✓ *sk*

male

white

July 22nd 1883

"matronite" / 61 W. Concord

Maggu Eugene

—

Maryland

.....

*M. Pap M^r, Lutro & M.D.,
Lith.*

or other Person who
makes this Return

Medical Attendant, or other persons who make this Return

111 St. Finbarck,

ROUTING AND STATIONING

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of each child to report its birth to the Board of Health, in the manner, and within the time and place, and under the penalty, herein prescribed, for each offense, to be reserved as other laws and regulations may require, and this section shall be subject to a line of text.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22nd July 1883

4. Place of Birth, (Street and Number)

453 Eastern Avenue

5. Full Name of Mother,

Mary Cunningham

6. Mother's Maiden Name,

Mary Cunningham

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John J. Cunningham

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return Mrs. Wiley

Address

12 Patterson Park Ave.

Remarks,



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

64845

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *22nd day of July 1883*
4. Place of Birth (Street and Number) *Stockton Street*
5. Full Name of Mother *Celia Franklin*
6. Mother's Maiden Name *Goul Knorr*
7. Mother's Birthplace *"*
8. Full Name of Father *Samuel Franklin*
9. Father's Occupation *Organ Grinder*
10. Father's Birthplace *Not known*
- Name of Medical Attendant *Caroline Johnston*
- Address
- Remarks *A fine healthy child*



RETURN OF A BIRTH

64846

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 22d

4. Place of Birth, (Street and Number)

175 Vine St.

5. Full Name of Mother,

Louisa Emrick

6. Mother's Maiden Name,

Louisa Daily

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Henry Emrick

9. Father's Occupation,

Trimmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

H. M. Simmons

Address,

558 N. Fayette

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

July 22nd 1883

4. Place of Birth, (Street and Number)

No 203 Light st.

5. Full Name of Mother,

Annie Otter

6. Mother's Maiden Name,

Figueroa

7. Mother's Birthplace,

America

8. Full Name of Father,

August Otter

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany.

Name of Medical Attendant,

or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Hancock st.

Remarks.



should be returned to the Registrar of Vital Statistics, Baltimore City, within the period above required, except in the case of a child born to a person who shall hereafter fall to comply with the provisions of this act, in which case the return is to be made as soon as the child is recovered as other times and in the manner provided for in the act.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ Male, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Single
Male
July 22 1893
36 W. Lough St.
Mary Carroll
Mary
Baltimore
Geo. Everett
Painter
Baltimore
Mary A. Carroll

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth July 23rd 1883.

4. Place of Birth (Street and Number) Wilmon Allen

5. Full Name of Mother Eliza Atkinson

6. Mother's Maiden Name Eliza Jackson

7. Mother's Birthplace St Mary's County

8. Full Name of Father James Atkinson

9. Father's Occupation Farmer

10. Father's Birthplace St Mary's County

Name of Medical Attendant, or other Person who makes this Return. John H. Waller, M.D.

Address 1165th Lexington Street

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14550

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



7
July 13th 1883
No 430 E. Monmouth
Sarah E. Flaherty.
Sarah E. Porter
Baltimore
William E. Flaherty
Druggist
Baltimore
J. Ridgway Andre M.D.
No 12 E. Baltimore

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: John Edward Long, Jr.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 23.

4. Place of Birth, (Street and Number)

No 370 West St

5. Full Name of Mother,

Francis Long

6. Mother's Maiden Name,

" Keever

7. Mother's Birthplace,

City

8. Full Name of Father,

Chas. O. Long

9. Father's Occupation,

Glassblower

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

J. Burch Sr.

Address,

15 1st Avenue N

Remarks,

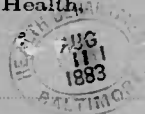
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

4852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 23/83

4. Place of Birth, (Street and Number)

534 Croft

5. Full Name of Mother,

Imette Adams

6. Mother's Maiden Name,

Parson

7. Mother's Birthplace,

City

8. Full Name of Father,

Joseph G. Adams

9. Father's Occupation,

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Dr. O. Blake

Address,

Remarks,

RETURN OF A BIRTH

64853

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 23rd 1883

4. Place of Birth, (Street and Number)

175 Durham St

5. Full Name of Mother,

Lisabek Meier

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrick Meier

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr Louis Kraft

Address,

236 Canton Ave

Remarks,

~~RECEIVED~~

of the parents, and the maiden name of the mother or wife of the father.

RETURN OF A BIRTH *64854*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. ☒ c, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 23 1883*

4. Place of Birth, (Street and Number) *#27 Herbert St Leustine*

5. Full Name of Mother, *Mariahilda Lindstrom*

6. Mother's Maiden Name, *Raccklauss*

7. Mother's Birthplace, *Schweden*

8. Full Name of Father, *Oskar Lindstrom*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Schweden*

Name of Medical Attendant, or other Person who makes this Return *Mrs Louise Kraft*

Address, *236 Canton Ave*

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *23 July*

4. Place of Birth (Street and Number) *Geoffrey St 74*

5. Full Name of Mother *Sarah Hutchins*

6. Mother's Maiden Name *Sarah Simmons*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Frank Hutchins*

9. Father's Occupation *Servant*

10. Father's Birthplace *Tallot City, Md.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. H. Hutchins*

Address *No 47 Parson's Alley.*

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 64856

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23rd 1883

4. Place of Birth, (Street and Number) 137 Hallin St

5. Full Name of Mother, Emma Lafferty

6. Mother's Maiden Name, Emma Mulken

7. Mother's Birthplace, Carroll Co Md

8. Full Name of Father, Thomas Lafferty

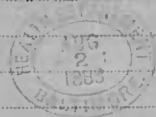
9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return J. R. Hiley M.D.

Address, 195 West Lombard St

Remarks,



or cause of death, and the name of the mother of such child or children.

conclusion, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 23rd 1883
4. Place of Birth (Street and Number) 322 Green St
5. Full Name of Mother Mary J. Smith
6. Mother's Maiden Name Mary J. Tyson
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry H. Smith
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. W. B. Hoffman
- Address 343 N. Lombard St
- Remarks _____

RETURN OF A BIRTH

14558

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY..

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh (7th)
Male
AUG 2 1883
BALTIMORE

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 23rd 1883

4. Place of Birth, (Street and Number)

78th St. N. W. Minn.

5. Full Name of Mother,

Emily Garrison

6. Mother's Maiden Name,

W. W. W. W.

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Daniel Garrison

9. Father's Occupation,

Explorer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Regina A. Miller

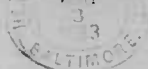
Address,

186 Hazard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 & 6*
- Sex, (state whether male or female) *Male & Female (Twins)*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *July 23/83*
- Place of Birth, (Street and Number) *565 Lombard*
- Full Name of Mother, *Mary E Linton*
- Mother's Maiden Name, *" " Forest*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *J. T. Linton*
- Father's Occupation, *Mechanic*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Thomas Opie M.D.*
- Address, *39 N. Carey St*
- Balt*
- Remarks.

For the purpose of this return, the name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th Ch.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

American White

3. Date of Birth.

23rd of July 1883

4. Place of Birth, (Street and Number)

No 87 Lancaster Street

5. Full Name of Mother,

Fenny Bunsh

6. Mother's Maiden Name,

Fenny Londs

7. Mother's Birthplace,

Virginien

8. Full Name of Father,

William Bunsh

9. Father's Occupation,

Wart Pairlor

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Dr. Hille

Address,

Lancaster Street 73

Remarks,

It is the duty of every person who shall hereafter fail to comply with the provisions of the Act for the registration of births and deaths, to be punished as other laws and regulations may require.

RETURN OF A BIRTH 14861

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23rd July 1883

4. Place of Birth, (Street and Number) No 129 Franklin St

5. Full Name of Mother, Lizzie Hess

6. Mother's Maiden Name, Lizzie Graham

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Bernhard Hess

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sophia Schuchman

Address, No 129 West St

Remarks,

This certificate will be the nearest name of the mother of such child or children.

RETURN OF A BIRTH *64862*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 6 children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23rd July 1882

4. Place of Birth, (Street and Number)

No 55 Cross St

5. Full Name of Mother,

Mage Barn

6. Mother's Maiden Name,

Mage Raley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Seaborn Barn

9. Father's Occupation,

Salina

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Salina L. Seaborn

Address,

No 128 1st St

Remarks.



THE BALTIMORE CITY OFFICE OF REGISTRAR OF VITAL STATISTICS IS NOT RESPONSIBLE FOR THE CONTENTS OF THIS RETURN.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64863

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

July 23^d 93

4. Place of Birth (Street and Number)

218 S. Broadway

5. Full Name of Mother

6. Mother's Maiden Name

{ Emily — Trepke

7. Mother's Birthplace

Germany

8. Full Name of Father

Christian Schmidt

9. Father's Occupation

Apothecary

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. A. Smith M.D.

Address

127 W. Gay St.

Remarks

received, between the first and third day of each and every month, to the Board of Health, in the form of a
 birth of any child shall occur without this attendance of a physician, or of a practitioner of midwifery, or
 should no other person be in at childbirth upon the mother, immediately thereafter, it shall then become the
 duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
 within the time, prescribed by the Board of Health, and the parent or parents of illegitimate children, and
 any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject
 to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st child
 Male



July 23 - 1885
 No. 248 Hanover st.

Jennie Rodney
 Hemmer

America

Glenn Rodney

Farmer

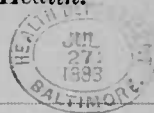
America

J. Schwaesser midwife
 330 Hanover st.

condition. whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 23 1883
4. Place of Birth (Street and Number) 75 St. Remond Alley
5. Full Name of Mother Madeline Bell
6. Mother's Maiden Name Williams
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas Bell
9. Father's Occupation Cyber Shopper
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. City Physician
- Address 25 S. 1st St.
- Remarks

RETURN OF A BIRTH 64866

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

March 23 1882

4. Place of Birth, (Street and Number)

2474 Central Ave.

5. Full Name of Mother.

Emma Jones

6. Mother's Maiden Name,

Sproul

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alfred Jones

9. Father's Occupation,

Shoe Cutter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allen

Address, 226 1/2 Denoyre St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *64867*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *July 23*

4. Place of Birth, (Street and Number) *5th Street 21*

5. Full Name of Mother, *Sarah Grant*

6. Mother's Maiden Name, *Sarah Bullock*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank Grant*

9. Father's Occupation, *Retired*

Father's Birthplace, *Colbert Co. Md.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

residents of town
no 3rd Street
Healthy Child

of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH *64561*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *July 23*

4. Place of Birth, (Street and Number) *1 Short St*

5. Full Name of Mother, *Maggie Hubbard*

6. Mother's Maiden Name, *not married*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Leake Johnson

no 31 Short St

Healthy child

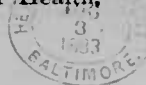
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64869

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 11-27-33
BALTIMORE CITY.



Name: Helen Markland Parker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 23, 1883
4. Place of Birth, (Street and Number) 346 N. Eutaw St.
5. Full Name of Mother, Maggie E. Parker
6. Mother's Maiden Name, Markland
7. Mother's Birthplace, Back City
8. Full Name of Father, William L. Parker
9. Father's Occupation, Wholesale Druggist
- Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return

Address

Marbury Brewster M.D.
68 N. Gullough St.

Remarks

of the parents, and the maiden name of the mother of such child or children."

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64870

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 24th

4. Place of Birth, (Street and Number)

1118

Lehigh

5. Full Name of Mother,

Elizabeth H. Hargman

6. Mother's Maiden Name,

Robert

7. Mother's Birthplace,

13th St

8. Full Name of Father,

Charles E. Hargman

9. Father's Occupation,

Bank

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

Dr. Geo. W. B.

Address,

137 2nd St

Remarks.

64871

Baltimore
AUG 6 1893

First

Male

of July

24th of July

32 Chan Street

Number) *12* *John* *Tracy*
Mrs *Margaret* *Ann* *Tracy*

Margarete Ann Briggs

East Island

Henry Hicks Dunker

Labour

Annapolis Maryland

Mr. Jacob

439 West Pratt St

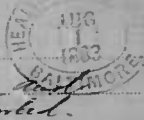
Remarks: _____

4. AIR-SEA CLUSTERS AND STATIONERS

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female - Twins - one stillborn*
as reported.
2. Race or Color, (if not of the white race)
3. Date of Birth, *July 24 to 03*
4. Place of Birth, (Street and Number) *A. M. Co Hoffman & Division St.*
5. Full Name of Mother, *Clara Bull*
6. Mother's Maiden Name, *Clara Hughes*
7. Mother's Birthplace, *Med*
8. Full Name of Father, *Frank M. Bull*
9. Father's Occupation, *Coal Dealer*
10. Father's Birthplace, *Med*
- Name of Medical Attendant, or other Person who makes this Return *Miller M.D.*
187 Franklin St.
- Address,
- Remarks,

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

Aug 1/2

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth 24 July

4. Place of Birth, (Street and Number) 95 Longest Street

5. Full Name of Mother Margie Hartman

6. Mother's Maiden Name Sermit

7. Mother's Birthplace Baltimore

8. Full Name of Father Deputy Sermit

9. Father's Occupation _____

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return.

Maria Githner
S. Wolfe Street 245.

Address _____

Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 21
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, June 24
4. Place of Birth, (Street and Number) 765 West Park Street
5. Full Name of Mother, Halle Koenig
6. Mother's Maiden Name, Park
7. Mother's Birthplace, City Baltimore
8. Full Name of Father, David W. Koenig
9. Father's Occupation, Bookbinder
- Father's Birthplace, Glossen, Carroll, Germany
- Name of Medical Attendant, or other Person who makes this Return, Dr. Wm. H. Munn
- Address, 1 Love Lane
- Remarks, _____

RETURN OF A BIRTH

64875

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 24/83

4. Place of Birth, (Street and Number)

61 Patterson Park ave

5. Full Name of Mother,

Emma Schminke

6. Mother's Maiden Name,

Emma Messendorff

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Paul F. Schminke

9. Father's Occupation,

Ship Chandler

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this return.

R.W. Mansfield M.D

Address,

117 S B mad way

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2
~~Female~~
Colored
July 24th
Maternity - 161 N Lombard
Mary Smith
Baltimore - Maryland
E. F. Maddle M.D.
161 N Lombard St.

At the instance of the Registrar of Vital Statistics, Baltimore City, the following name is the mother of such child or children.

only of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Baltimore, Md. 24th 1893

Cathedral St.

Brigid Gilliam

Widow

Baltimore, Md. 24th 1893

Patrick H. Gilliam

Bricklayer

Ireland

Mrs. Anne Gilliam

4182 E. Baltimore St.

RETURN OF A BIRTH *611879*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... *1st*

1. Sex, (state whether male or female) ... *Female*

2. Race or Color, (if not of the white race) ... *White*

3. Date of Birth, ... *July 24th 1883*

4. Place of Birth, (Street and Number) ... *Maternity 161 30 Lombard*

5. Full Name of Mother, ... *Laura Nelson*

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ... *Maryland*

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return ... *E. F. Madder M.D.*

Address, ... *161 30 Lombard St.*

Remarks, ...

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 24th 1883

4. Place of Birth, (Street and Number)

No. 340 S. Charles st

5. Full Name of Mother,

Louise Kreuter

6. Mother's Maiden Name,

Kratz

7. Mother's Birthplace,

America

8. Full Name of Father,

William Kreuter

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife

Address,

330 Hanover st.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 24th 1883

4. Place of Birth, (Street and Number)

No. 269 Williams St

5. Full Name of Mother,

Emma Schining

6. Mother's Maiden Name,

Pilling

7. Mother's Birthplace,

America

8. Full Name of Father,

George Schining

9. Father's Occupation,

Storekeeper

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife

Address,

330 Hanover St.

Remarks,



in any case the
should not be
within the
to a fine of
any person
within the
to a fine of
any person
within the
to a fine of

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. *July 28th 1883.*



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 24th 1883.*

4. Place of Birth, (Street and Number) *218 Eastern Ave.*

5. Full Name of Mother, *Mary Eiler.*

6. Mother's Maiden Name, *Mary Oppenheimer.*

7. Mother's Birthplace, *America.*

8. Full Name of Father, *William Eiler.*

9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *America.*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 137 S. Wolfe St.*

Remarks, *Ed*

Mrs. Mary Arnold.

of the parents, and the maiden name of the mother of such child or children."

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64883

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 24th 1883.
4. Place of Birth (Street and Number) 1578 Madison St
5. Full Name of Mother Mrs Mary Baller
6. Mother's Maiden Name " Campbell
7. Mother's Birthplace Virginia
8. Full Name of Father Jos. Baller
9. Father's Occupation Book-keeper
10. Father's Birthplace Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return. Reuben Powell M.D.
Address 178 Madison St. W.
Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 24 1883

4. Place of Birth (Street and Number)

602 1/2 Carey St

5. Full Name of Mother

Anna Howard Kolbe

6. Mother's Maiden Name

Anna Howard

7. Mother's Birthplace

Baltimore Co

8. Full Name of Father

John Kolbe

9. Father's Occupation

10. Father's Birthplace

Westminster

Name of Medical Attendant, or other Person who makes this Return.

A. C. Pole

Address

No 1 North St

Remarks

Write at day's expiration, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(Maud Louie)*
1. Sex (state whether Male or Female) *Male - Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July (24) 1883*
4. Place of Birth (Street and Number) *95 Mulberry St.*
5. Full Name of Mother *(Carrie) Council*
6. Mother's Maiden Name *(Carrie)*
7. Mother's Birthplace _____
8. Full Name of Father *James Council*
9. Father's Occupation *Clerk*
10. Father's Birthplace _____
- Name of Medical Attendant, or other Person who makes this Return. *A. C. Pole*
- Address *No 1 North Av*
- Remarks _____

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 226 McDonogh st.

Remarks,



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14887

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Edith
Herman

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

June 24 1883

4. Place of Birth, (Street and Number)

180 N. Caroline St.

5. Full Name of Mother,

Eliza Washburn

6. Mother's Maiden Name,

Williamson

7. Mother's Birthplace,

Boston

8. Full Name of Father,

Nicholas Washburn

9. Father's Occupation,

Monitors

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Harry A. Allwell

Address, 280 N. Donagh St

Remarks,

RETURN OF A BIRTH *64888*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *July 24*

4. Place of Birth, (Street and Number) *108 Eden st*

5. Full Name of Mother, *Annie Nickles*

6. Mother's Maiden Name, *Annie Jones*

7. Mother's Birthplace, *Sumner st Co. Wash*

8. Full Name of Father, *Mrs. Nickles*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Sumner st Co. Wash*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Leah Johnson*

Address, *Healthy Child*

Remarks, *31 Sept 83*

RETURN OF A BIRTH *64889*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

24 July

4. Place of Birth, (Street and Number)

Baltimore E. S. Patterson

5. Full Name of Mother,

Ellen Boice

6. Mother's Maiden Name,

Ellen Whinton

7. Mother's Birthplace,

North Place Baltimore

8. Full Name of Father,

Will Boice

9. Father's Occupation,

Accidental laborer

Father's Birthplace,

North Place Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sam Thorntone

Address

401 Byrd Street South Balt

Remarks

of the parents, and the maiden name of the mother of such child or children."

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Board of Health, in the city or town within the period above required, except in the cases of the births and deaths of illegitimate children, and shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and each offender, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks,

14591

1993

the birth of any child shall be in accordance with the attendance of a physician or of a practitioner of midwifery, and the majority of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and in any time of its declaration shall hereafter fail to comply with the provisions of this section shall be subject to a fine not exceeding \$100, or to imprisonment not exceeding 30 days, or to both such fine and imprisonment, at the discretion of the court.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, 25th of July

4. Place of Birth, (Street and Number) 221 Ann St.

5. Full Name of Mother, *Anna Bernmeister*

6. Mother's Maiden Name, *Robert*

7. Mother's Birthplace, Emden (Hannover) Germ

8. Full Name of Father, Fritz Busmeister

9. Father's Occupation, Box Maker

10. Father's Birthplace, Meklenburg (Germ)

Name of Medical Attendant, or other Person who makes this Return *E. Behnken*

Name of Medical Applicant, makes this Return
Address, 54 Essex St Canton

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

color

3. Date of Birth, ...

25 ~~Aug~~ August July

4. Place of Birth, (Street and Number)

33 Foster Alley

5. Full Name of Mother,

name Brock

6. Mother's Maiden Name,

harburg wa

7. Mother's Birthplace,

8. Full Name of Father,

George Myer

9. Father's Occupation,

waiter

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Melvia Banks

Address,

87 Centre Alley

Remarks,

of any twins, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64893

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 25, 83.

4. Place of Birth, (Street and Number)

E. Lombard str No 329

5. Full Name of Mother.

Katharine Maryann

6. Mother's Maiden Name,

Stettin

7. Mother's Birthplace,

Chilbury

8. Full Name of Father,

Heinrich Morawetz

9. Father's Occupation,

Scholar

10. Father's Birthplace.

Chilbury

Name of Medical Attendant, or other Person who makes this Return

Wm J. Brubaker

Address,

St Paul str No 141

Remarks,

"This certificate, and the name of the mother of such child or children."

RETURN OF A BIRTH

64174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25th day of July 1883

4. Place of Birth, (Street and Number)

No 62. Cross St. Baltimore

5. Full Name of Mother,

Mary J. Adams

6. Mother's Maiden Name,

Mary J. Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John A. Adams

9. Father's Occupation,

Laboring man

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mary E. Gentry

Address,

Remarks,

Child living

of the parents, and the maiden name of the mother of such child or children.

should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or parents of such child to report its birth to the Department of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, any parent or persons who shall knowingly fail to comply with the provisions of this section shall be subject to such offense, to be recovered as other fines and penalties are recoverable.

4872
Baltimore City
AUG 1893
BALTIMORE

5th
Female

- July 25th 1883
No. 122 Pearl St.
Julie Frank
Bipple
America!
Sgnatz Frank.
Restaurant
Germany.
J. Schwabbe midwife
335 Hancock St.

J. Schwaner midwife
330 Hanover St.

330 Harpers St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

John Charles Walter

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 25th 1893

4. Place of Birth, (Street and Number)

No 375 W. Fayette St. Baltimore

5. Full Name of Mother,

Martha Walter

6. Mother's Maiden Name,

Spess

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Charles John Walter

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Samuel H. M. Womble M.D.

Address,

No 205 W. Lombard St.

Remarks,



RETURN OF A BIRTH

14897

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 25th 1883
66 Spring St
Katharine Gelschlinger
Miller

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany
Frederick Gelschlinger
Schrammer
Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs. Annie Kraft
236 Canton St

Address,

Remarks,

RETURN OF A BIRTH

621898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 25th 1883

4. Place of Birth, (Street and Number)

234 S. Bond Str

5. Full Name of Mother,

Edge Collins

6. Mother's Maiden Name,

Pillos

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Enrico Collins

9. Father's Occupation,

Baker

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kniff

Address,

236 Canton Ave

Remarks,

birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, and should no other woman be immediately thereafter, it shall then become the duty of the parent or persons of such child to cause his or her birth to be recorded within the period above prescribed, except in the case of the birth and death of a child, who thereafter fail to comply with the provisions of this section shall be subject to a fine of not less than \$100 and not more than \$500, which offense, to be prosecuted on the part of the state, shall be punishable by imprisonment in the state prison for a term not exceeding one year.

196
2
B
BALTIMORE

7 Child.

female.

3. *Date of Birth.*

July. 25. 1882.

32. Frank

Mary A. Gould

Mr. DeLoach

my England

John, b. Early
 E. ...

Ox-ford River
England

James S. Jones

1875 St. Bernard

1011 CLINTON AND STATIONERS

RETURN OF A BIRTH

64900

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

name, *Isa Gertrude Miller*

1. Sex, (state whether male or female)

Fifth
Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

25 July 1883

4. Place of Birth, (Street and Number)

138 Elliott street

5. Full Name of Mother.

Isaac E. Miller

6. Mother's Maiden Name.

Isaac E. Osce

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father.

Wm. Miller

9. Father's Occupation,

Car Conductor

10. Father's Birthplace,

Columbus Ohio

Name of Medical Attendant, or other Person who makes this Return

Mrs Isaac Sullens

Address,

104 Linley street (cont)

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 25 1883

4. Place of Birth, (Street and Number)

Madison Ave. 1st floor on E.

5. Full Name of Mother,

Mary E. Langborn

6. Mother's Maiden Name,

Crowe

7. Mother's Birthplace,

Ohio

8. Full Name of Father,

Joseph T. Langborn

9. Father's Occupation,

CFO.

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewster, M.D.

Address,

65 McCulloch St.

Remarks,

State, its or their physical condition, whether still born or not, the full name, activity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

64902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 25. 1883

4. Place of Birth, (Street and Number)

46 Druid Hill Av.

5. Full Name of Mother,

Ella E. McGurk

6. Mother's Maiden Name,

Clayton

7. Mother's Birthplace,

Annapolis Md

8. Full Name of Father,

George M. Gurk

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marbury Brown M.D.

Address,

68 McCulloch St.

Remarks,

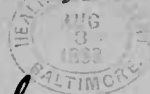
born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14903

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 25/83

4. Place of Birth, (Street and Number)

Car. Lancaster & wife

5. Full Name of Mother,

Verona Lutz

6. Mother's Maiden Name,

" Anton

7. Mother's Birthplace,

Bald.

8. Full Name of Father,

John Lutz

9. Father's Occupation,

Car Conductor

10. Father's Birthplace,

Bald.

Name of Medical Attendant, or other Person who makes this return.

R. W. Mansfield M.D

Address,

117 Broadway

Remarks,

Birth of any child should occur without the attendance of a physician, or of a midwife, or of a nurse, or of a person duly qualified to attend upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, above required, except in the cases of the births and deaths of illegitimate children, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to be removed as other fines and penalties are removed.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25th 1883

4. Place of Birth, (Street and Number) 105 Highsmith St.

5. Full Name of Mother, Frederic Schults

6. Mother's Maiden Name, Koch

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schults

9. Father's Occupation, Bakery

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. M. H. Hill

Address, 189 E. Monument St.

Remarks, _____

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the officers, provided for in this act, and in the cases of the birth and death of illegitimate children, and in cases of the birth and death of children of women who have been convicted of a crime, the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25 1885

4. Place of Birth, (Street and Number) 100 B. Gay St.

5. Full Name of Mother, Lizette Wetzel

6. Mother's Maiden Name, Biederman

7. Mother's Birthplace, Germany

8. Full Name of Father, John Wetzel

9. Father's Occupation, Trades

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. D. M. Hillebrand

Address, 182 E. Monument St.

Remarks, _____

This certificate, when filled out, shall be delivered, duly signed by the practitioner in the form of a
 certificate, between the first and third day of each and every month to the Registrar of Births, Deaths,
 and Marriages of Baltimore City, and every month to the Registrar of Births, Deaths, and Marriages of
 the County of Baltimore, and every month to the Registrar of Births, Deaths, and Marriages of the State of
 Maryland, and every month to the Registrar of Births, Deaths, and Marriages of the United States.
 The Registrar of Births, Deaths, and Marriages of Baltimore City, and the Registrar of Births, Deaths,
 and Marriages of the County of Baltimore, and the Registrar of Births, Deaths, and Marriages of the State
 of Maryland, and the Registrar of Births, Deaths, and Marriages of the United States, shall be subject
 to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 22^d 1883*

4. Place of Birth, (Street and Number) *44 Fell St.*

5. Full Name of Mother, *Spizzer Miller*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *James Miller*

9. Father's Occupation, *Brick Layer*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. James Miller*

Address, *182 E. Monument St.*

Remarks,

Mark, in their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1
Female
White
July 25 1883
417 Eastern Av
Mary Collins
Mary Smith
Baltimore
James Collins
Machineist
Baltimore
Wm C. Gray
143 Lehigh

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First

Female

White

July 26th 1888

66 Park St.

Mary Mathews

J. Richter

Prussia

Wm Mathews

Wagon Driver

Prussia

Mary Mathews

32 South Street



any name shall have been conferred; its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, shall then become the subject of this act, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

64709

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

25 of July

1883

4. Place of Birth, (Street and Number)

11 Wilhelm St.

5. Full Name of Mother,

Mary Dietz

6. Mother's Maiden Name,

M. Flay

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Sh. Peter Dietz

9. Father's Occupation,

Street Sweeper

10. Father's Birthplace,

Hessian Germany

Name of Medical Attendant, or other Person who

Wm. C. L. L.

Address,

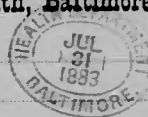
1017

Pratt St.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

25 July 1883

4. Place of Birth, (Street and Number)

Balti. Chapel St No 14

5. Full Name of Mother,

Anna. Whirs

6. Mother's Maiden Name,

A. Strehle

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Jacob. Whirs

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary Skopish

Address,

69 N. Washington St

Remarks,

Mary Skopish

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 July 1883

4. Place of Birth, (Street and Number) Balto. St. Chapel 24 No 131

5. Full Name of Mother, Mary Svec

6. Mother's Maiden Name, Mary Klimva

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Svec

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

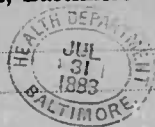
Address, 69 N. Washington St

Remarks, Mary Koptish

certificates between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the mother shall become the duty of the parent or person who shall be in attendance upon the mother, to report the birth to the Board of Health within the period above stated, except in the case of the birth of a stillborn child, in which case the mother shall report the birth to the Board of Health within the period above stated. Any person or persons who shall be in attendance upon the mother, and who shall fail to report the birth of a child to the Board of Health, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 July 1883
4. Place of Birth, (Street and Number) Balto Chapel St No 121
5. Full Name of Mother, Mary Ives
6. Mother's Maiden Name, M. Klima
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Ives
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, Mary Proptish
or other Person who makes this Return

Address, 64 N Washington St

Remarks, Mary Proptish

This certificate, between the first and third day of each and every month, shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, in case the birth of any child shall occur on the first, second, or third day of the month, immediately thereafter, it shall then become the duty of the parent or person who has charge of the child, to report its birth to the Board of Health, in the manner and within the period aforesaid, and to comply with the provisions of this act, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, there will be added to the certificate a statement of the duty of the parent or person in attendance upon the mother, or such other person as may be present, to the effect that any person or persons who shall neglect to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 25th July, 1883

4. Place of Birth, (Street and Number)

Balto. N. Chapel. st No 55

5. Full Name of Mother,

Mary Kerkentine

6. Mother's Maiden Name,

Mary Kress

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Kerkentine

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Kaptish

Address,

67 N. Washington st

Remarks,

Mary Kaptish



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

color

3. Date of Birth,

July 25

4. Place of Birth, (Street and Number)

54 China St

5. Full Name of Mother,

Carry Dunn

6. Mother's Maiden Name,

pendifore

7. Mother's Birthplace,

north carolina

8. Full Name of Father,

Richard Dunn

9. Father's Occupation,

grain measurer

10. Father's Birthplace,

Hunt Island

Name of Medical Attendant,

or other Person who makes this Return

A. Wilson

Address,

cross St 368

Remarks,

of the parents, and the maiden name of the mother of such child or children.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14910

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

The 25th July

5. Place of Birth, (Street and Number)

No. 277, Centerel, ave.

6. Full Name of Mother,

Anne Trassel

7. Mother's Maiden Name,

Anna Olett

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Christian Olett

10. Father's Occupation,

Warrisher

11. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Cristina Lauer

Address,

173 Haefber era

Remarks,

- 1883

RETURN OF A BIRTH *11916*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, etc.) *1*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *July 25*

4. Place of Birth, (Street and Number) *28 Howard St*

5. Full Name of Mother, *Jessie Wheeler*

6. Mother's Maiden Name, *not known*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return *Mrs. Leck Johnson*

Address, *no 18 Howard St*

Remarks, *healthy child*

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 64917

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26 10th 1883

4. Place of Birth, (Street and Number)

No 325 Penn Ave

5. Full Name of Mother,

Kate Yarchel

6. Mother's Maiden Name,

Kate Teakel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Scharvil Yarchel

9. Father's Occupation,

Wagon Maker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

E. J. Smith

Address,

No 325 Penn Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First
Female

July 26th 1883

22 W Broadway

Maggie L. Kees

Chicago

Baltimore Md

William D. Kees

Tanner

Baltimore Md

Hegina A. W. W. W.

1867th Street

of the parents, and the maiden name of the mother of such child or children."

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26 1883

4. Place of Birth, (Street and Number)

1337 E. Pratt St

5. Full Name of Mother,

Rebecca C Fiske

6. Mother's Maiden Name,

R. C. Lathrop

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J D Fiske

9. Father's Occupation,

Physician

● Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return

Dr. Hiltner

Address,

121 W. Monument St

Remarks,



[illegible]

4910

2d

mule

white rose

July the 26. 14

Baltimore whymen. Cove

Mary E. Trefler

children

Baltimore

metrick reflyny

Labours

included

Elizabeth Lathorn

william at No 314.

ALL PARTY PRINTERS AND STATIONERS

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MIG 64921
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 26 1883*
4. Place of Birth (Street and Number) *570 Madison Ave*
5. Full Name of Mother *Kate Lewis*
6. Mother's Maiden Name *Kate Cantwell*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Thomas Lewis*
9. Father's Occupation *Laborer*
10. Father's Birthplace *U. States*
Name of Medical Attendant, or other Person who makes this Return. *Alexander Finley M.D.*
Address *386 Madison Ave*
Remarks

RETURN OF A BIRTH *624922*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 birth

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 July

4. Place of Birth, (Street and Number)

Baltimore Street No.

5. Full Name of Mother...

Magdalena Wehr

6. Mother's Maiden Name,

" " Schik

7. Mother's Birthplace,

Bresfeld Hessen-G.

8. Full Name of Father,

Christian Wehr

9. Father's Occupation,

10. Father's Birthplace,

Detten Dorf Bairen-G.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Give, in or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH 64923

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 26 1887

4. Place of Birth, (Street and Number)

125 Stirling St Baltimore

5. Full Name of Mother.

Praxilar Brusco

6. Mother's Maiden Name.

Gruber Sembley

7. Mother's Birthplace,

Charles County

8. Full Name of Father,

John Brusco

9. Father's Occupation,

Writer

Father's Birthplace.

Prince George County Md

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Daylen

Address,

114 Stirling St

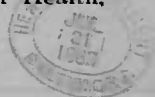
Remarks,

Baltimore Md

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26 1883

4. Place of Birth, (Street and Number)

112 George St-

5. Full Name of Mother,

Mary Ludwig

6. Mother's Maiden Name,

Disney,

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Wm. F. Ludwig

Father's Occupation,

Shoemaker

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other Person who makes this Return

Dr Morgan

Address,

119 W Monument St.

Remarks,

Return, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

1
Male
White

July 26 1883

101 New Lane St

Ann B. Barnes

Ann B. Barnes

Baltimore

William Barnes

laborer

Baltimore

Mrs. E. Gray

193 Schenck



certification, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon such child to send the child to the Board of Health, and to file a copy of this Return with the Registrar of Vital Statistics, and the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

South
Female
White
July 26th 1883
112 Burpines Alley
Elizabeth Lenhart
" Klaus
German
John Lenhart
Cigar Maker
German
Mary Crook
1325 South Eataro St.



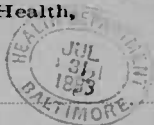
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 of July 1883

4. Place of Birth, (Street and Number)

13 Freilich Ave.

5. Full Name of Mother,

Elsa Bloßlein

6. Mother's Maiden Name,

E. Dumbhoff

7. Mother's Birthplace,

Hanover Germany

8. Full Name of Father,

John Bloßlein

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Berlin Germany

Name of Medical Attendant, or other Person who

Miss Hiller

Address.

1011 W. Pratt St

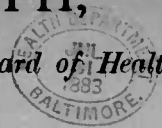
Remarks.

In addition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

14928

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 26. 1893.
4. Place of Birth, (Street and Number) 11 Myrtle St.
5. Full Name of Mother Amin Bowenselder
6. Mother's Maiden Name Agnes Bousculden
7. Mother's Birthplace Tagestown
8. Full Name of Father Samuel Bowenselder
9. Father's Occupation Brick-maker
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. A. S. Hight Jr. D.
- Address 212 N. Lombard St.
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the name of the Registrar attending.

RETURN OF A BIRTH.

64929

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1-2
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth 26 July
4. Place of Birth (Street and Number) 64 Melrose Alley
5. Full Name of Mother Georganna Thorne
6. Mother's Maiden Name Georganna Bailey
7. Mother's Birthplace Castille, Va.
8. Full Name of Father John Henry Thorne
9. Father's Occupation Farmer
10. Father's Birthplace Castille, Northampton Co., Va.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Rosetta Galaway
- Address 126 Plum Alley
- Remarks

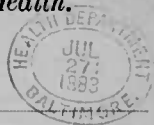
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

64730

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex (state whether ~~male~~ or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *3 o'clock A.M. 26th July, 1883.*
4. Place of Birth (Street and Number) *262 Risquett St Baltimore*
5. Full Name of Mother *Laura Ellen Oliver Marshall*
6. Mother's Maiden Name *Laura Ellen Oliver*
7. Mother's Birthplace *Baltimore - Maryland*
8. Full Name of Father *Henry Rodney Marshall*
9. Father's Occupation *Clerk in R.R. Office*
10. Father's Birthplace *England*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Smith M.D.*
- Address *236 N. Howard St*
- Remarks *Very small & delicate. It only gave 2 or 3 gasps and died - It was only about 8 months.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 1883

4. Place of Birth, (Street and Number) 145 E. 6th St

5. Full Name of Mother, Mary Prauman

6. Mother's Maiden Name, Reggie

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm. H. Prauman

9. Father's Occupation, Conductor Street Cars

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Geo. A. Benson M.D.

Address, 145 E. 6th St

Remarks, Premature birth - 6 months father



In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period and to the person, hereinafter provided, and to pay the fee of one dollar, and to the person who shall be subject to a fine of ten dollars in case of non-compliance with the provisions of this act, and to be responsible for the recovery of the same.

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Herbert Wetherbee Fort



No. of Child of Mother. (state whether 1st, 2nd, 3rd, &c.)

First

1. Sex. (state whether male ~~and female~~)

Male

2. Race or Color. (if not of the white race)

White

3. Date of Birth.

July 26th - 1883

4. Place of Birth, (Street and Number)

297 Lafayette Ave. Baltimore

5. Full Name of Mother.

Caroline J. W. Fort

6. Mother's Maiden Name.

Caroline J. Wetherbee

7. Mother's Birthplace.

Fitchburg, Mass.

8. Full Name of Father.

Samuel J. Fort

9. Father's Occupation.

Physician.

10. Father's Birthplace.

Burlington N.J.

Name of Medical Attendant, or other Person who makes this Return

Samuel J. Fort

Address. 297 Lafayette Ave.

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. July 27th 1883



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 1883

4. Place of Birth, (Street and Number) 107 Bank St.

5. Full Name of Mother Adilia Schutz

6. Mother's Maiden Name, Adilia Franz

7. Mother's Birthplace, America

8. Full Name of Father, John Schutz

9. Father's Occupation, Tailor

10. Father's Birthplace, America

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Mary Amend

Address, No. 137 S. Wolfe St.

Remarks,

[Signature]

of the parents, and the maiden name of the mother of such child or children.

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and to the effect hereinafter provided, and if such report is not made, the parent or parents shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, 4th)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

July 26 / 83.

37th Park Avenue.

Mary Ada Ramsey.

Mary Ada Rogston.

Aptersburg, Pa.

James W. Ramsey.

Merchant.

Raleigh, N.C.

John L. A. Kruger, M.D.

RETURN OF A BIRTH

649.35

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 of July

4. Place of Birth, (Street and Number)

271 Eastern Ave.

5. Full Name of Mother,

Susan Rebecca Fowler

6. Mother's Maiden Name,

Susan Rebecca Mayhew

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Henry Fowler

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Annapolis County

Name of Medical Attendant, or other Person who makes this Return.

May L. Swaney

Address,

69 Myer Street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64936

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26th 1883

4. Place of Birth, (Street and Number)

400 1/2 Pleasant Alley

5. Full Name of Mother,

Mrs. Maggie Le Cuyre

6. Mother's Maiden Name,

Mrs. Maggie Le Cuyre

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Thomas Le Cuyre

9. Father's Occupation,

Bar tender

10. Father's Birthplace,

France

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Gerritt

Address,

115 Burke St.

Remarks,

to the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *64937*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26th 1883

4. Place of Birth, (Street and Number)

Cannon Street

5. Full Name of Mother

Mrs. Elizabeth Becke

6. Mother's Maiden Name,

Miss Elizabeth Dodd

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William Becke

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Smith

Address,

No. 65 Burke St.

Remarks,

See the Parents, and the signature of the mother of such child or children.

born, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White
July 26 1893

3. Date of Birth,

4. Place of Birth, (Street and Number)

1461 Madison Ave

5. Full Name of Mother,

Carie Frank

6. Mother's Maiden Name,

Carie Graffman

7. Mother's Birthplace,

city

8. Full Name of Father,

Louis Frank

9. Father's Occupation,

Shoe Merchant

10. Father's Birthplace,

city

Name of Medical Attendant, or other Person who makes this Return.

A. J. Quinlan

Address,

Remarks,

RETURN OF A BIRTH

64939

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Cousin

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 26 1883

4. Place of Birth, (Street and Number)

34 Jefferson St

5. Full Name of Mother,

Grace Evans

6. Mother's Maiden Name,

Burgess

7. Mother's Birthplace,

St. Louis

8. Full Name of Father,

John J. Evans

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Caldwell

Address, 286 E. Lombard St

Remarks,

RETURN OF A BIRTH, 64940

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth July 26 1883
4. Place of Birth, (Street and Number) 231 1st St
5. Full Name of Mother Ellie Thomson
6. Mother's Maiden Name Ellie Smith
7. Mother's Birthplace Baltimore City
8. Full Name of Father Frank Thomson
9. Father's Occupation Reverend
10. Father's Birthplace Kentucky
- Name of Medical Attendant, or other Person who makes this Return. May Connor 153
- Address Collington Avenue
- Remarks _____

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 of July 1883

4. Place of Birth, (Street and Number)

78 South Chester street

5. Full Name of Mother,

Julia A. Brown

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

John T. Brown

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address

No 12 Patterson Park

Remarks,

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, in giving birth to a child, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of a child, in which case the parent or parents shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Harry Otto Buck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 27th 1883

4. Place of Birth, (Street and Number) 98 Euter St

5. Full Name of Mother, Laura Buck

6. Mother's Maiden Name, " Howell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Buck

9. Father's Occupation, Restaurant V. keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm. C. Bensinger

Address, 1136 E. Lombard St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64943

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 2, 1883

4. Place of Birth, (Street and Number)

Co. & Elliott + Robinson

5. Full Name of Mother,

Elizabeth

6. Mother's Maiden Name,

Do Ann Muller

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

August Becker

9. Father's Occupation,

Merchant

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

E. J. Muller, M.D.

Address,

33 E. Lexington St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64944

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27 July

4. Place of Birth, (Street and Number)

Townsend Street

5. Full Name of Mother,

Emma Müller

6. Mother's Maiden Name,

Emma Hurty

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jacob Müller

9. Father's Occupation,

Laborer

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Abagga Ettel

Address,

No 13th Center Street

Remarks,

Baltimore



of the parents, and the maiden name of the mother of such child or children."

64945

11.6

- July 27. 83.
 Central Sta. No 50
 Basins Itab
 Trench
 Ebsus Germanus
 Philip Itab
 Laburnus ex-

Barnum
Wm. Loh. Præbuck
Gauts. Wallstr No. 14

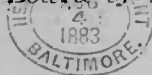
Herrn Geh. Regierungsrath

64 North Wallstr No 141

CITY SOURCES AND BYSTANDERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
1. Sex, (state whether male or female) *Female,*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 27th, 9:15 P. M.*
4. Place of Birth, (Street and Number) *No 108 George St.*
5. Full Name of Mother, *Marilla Jones,*
6. Mother's Maiden Name, *Richardson,*
7. Mother's Birthplace, *Balto. City,*
8. Full Name of Father, *Arthur Jones,*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Pennsylvania,*
- Name of Medical Attendant, or other Person who makes this Return, *Chas. W. Alden*
- Address, *N. E. Cor. Columbia Ave. & Fremont St.*
- Remarks, *Child in first physical condition, & strong*

17947

Baltimore City.

46

Male

July 27th 1883

1110 James St

Henriette Harms

" Dorfjahren

Germany

Caster Harms

Salv. Keeper

Germany

Mrs Elizabeth Betz
120 Bank St

120 Bank 05

Remarks.....

ALL CITY PRISONERS AND DETAINERS

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27th 1883

4. Place of Birth, (Street and Number)

66 Thames St

5. Full Name of Mother,

Anna Thiem

6. Mother's Maiden Name,

" Rattorofski

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Henry Thiem

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Betz

Address,

1226 East St

Remarks,



Force of this birth, and the said certificate shall be delivered, and a record of the same, in the form of a certificate, between the first and third day of each and every month to the Board of Health, and the said certificate shall be filed in the office of the Registrar of Vital Statistics, and the said certificate shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 27th 1883

4. Place of Birth, (Street and Number)

166 S. Bellvue St.

5. Full Name of Mother,

Elizabeth Grotto

6. Mother's Maiden Name,

" James

7. Mother's Birthplace,

City

8. Full Name of Father,

Henry Grotto

9. Father's Occupation,

Signar maker

● Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs Elizabeth Bete

Address,

6120 Bank St.

• Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

0
4 males

White

July 27th 1883

807 Pratt St Bal

Anna H. Heige

Anna H. Heimerl

Germany

William Heige

Baker

Germany

Mrs S. G. Hellez

792 Pratt St Bal

is an, is or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

Second

Female

Colored

July 27th

M. Donough Street 2765

Susan Richardson

Susan Brown

Virginia

Daniel Richardson

Drayman

Virginia

Henrietta Glascoe

In good health as can be expected.

of the parents, and the maiden name of the mother of such child or children."

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

64

alth. 4
64952

1st

mal

27th July

16 Stockholm St

Carrie Sexton

Carrie Greenshaw

Baltimore

Baltimore
Jas E Sexton
Chas. B. B. B.

Class. Packer

Baltimore,

Post König

Laurens, S. C.

Remarks,

within six days thereafter, stating distinctly the full name, nativity, and date of birth, as well as the child's physical condition, whether still-born or not, the full name, nativity, and date of birth of the mother of such child or children."



any of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29th 1883
4. Place of Birth, (Street and Number) 177 Canal St
5. Full Name of Mother, Mrs. Minnie
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Minnie
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Mrs. Anna Dilligan
- Address, 152 E. Monument St.
- Remarks, _____

Learn, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 29th 1883

4. Place of Birth, (Street and Number) No 53 Monroe St

5. Full Name of Mother, Margaret Evans

6. Mother's Maiden Name, Margaret Hale

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Evans

9. Father's Occupation, Car driver

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return E. J. Dumas

Address, 210 S E 7th Lombard St

Remarks,

RETURN OF A BIRTH.

64955

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

4. Place of Birth (Street and Number)

59 Henrietta St

5. Full Name of Mother

Lucy E. Robinson

6. Mother's Maiden Name

Barbours

7. Mother's Birthplace

N. York

8. Full Name of Father

J. J. Robinson

9. Father's Occupation

Engineer

10. Father's Birthplace

N. Y.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Lewis

Address

59 Henrietta St

Remarks

Strong & healthy

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

14956

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jul 27th 1883

4. Place of Birth, (Street and Number)

1 51 Oak St.

5. Full Name of Mother,

Charlotte Vincent

6. Mother's Maiden Name,

Charlotte Blanchard

7. Mother's Birthplace,

Dorsey, City

8. Full Name of Father,

J. Collin Vincent

9. Father's Occupation,

Merchant

Father's Birthplace,

England

Name of Medical Attendant,

or other Person who makes this Return

Dr. J. L. K. K. K.

Address,

121 W. ...

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64957

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 27th. 1883

4. Place of Birth, (Street and Number) No. 61 N. Central av.

5. Full Name of Mother, Kate Kader

6. Mother's Maiden Name, Kate Kuster

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Kader

9. Father's Occupation, Schoorman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return W. N. Butt

Address, No. 185. S.E. cor Central av. & Monument St.

Remarks, All Well

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27 July

4. Place of Birth, (Street and Number) 52 Harrison St.

5. Full Name of Mother, Josephine Burgermaier

6. Mother's Maiden Name, " Karhoff

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Julius Burgermaier

9. Father's Occupation, Baker

Father's Birthplace, Baden Europe

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa M. M. M.

Address,

48 76 all St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64959

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or person in attendance upon the mother, to report the birth of the child to the nearest health officer, and within the period allowed by law, to cause the birth of the child to be registered in the birth record, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 July, 1882

4. Place of Birth, (Street and Number) Baltimore No. 86

5. Full Name of Mother, Katherine Maravac

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Maravac

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Marg Koptish

Address, 69 N. Washington St

Remarks, Marg Koptish



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth. *July 27/83*

4. Place of Birth, (Street and Number) *26 Franklin St*

5. Full Name of Mother, *Ella Booker*

6. Mother's Maiden Name, *Hamilton*

7. Mother's Birthplace, *Van*

8. Full Name of Father, *Benjamin Booker*

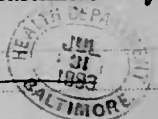
9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Dr D Blake*

Address,

Remarks,



every person, in each and every month, in the interest of health, to cause the birth of any child shall occur without the attendance of a physician, or of a practitioner of any other profession, or of a person duly qualified to perform the duties of a midwife, and the person so attending shall be liable to the Board of Health, in the manner, and to the extent, provided by law, for the punishment of persons neglecting their duty, and the person so attending shall be liable to the Board of Health, in the manner, and to the extent, provided by law, for the punishment of persons neglecting their duty, and the person so attending shall be liable to the Board of Health, in the manner, and to the extent, provided by law, for the punishment of persons neglecting their duty.

12496.2

of Health.

Second

Mage

white

July 27th 1883

cr. w. cur. basinet + franken st

Elizabeth Ann Gerhard

Turtle

Baltimore, Md

Benny W Gerhard

leaky maker

Baltimore Md

John Morris M.D.
5 Franklin St.

5 Franklin St.

3 Franklin St.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 27 - '83

4. Place of Birth, (Street and Number) Bolton Alley near McMechen

5. Full Name of Mother, Mary Woercher

6. Mother's Maiden Name, Mary Zeiler

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Woercher

9. Father's Occupation,

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, Henry Chandlee M.D.
or other Person who makes this Return

Address, #203 N. Hollman St. City.

Remarks, Vertex Presentation. 1st position. Natural labor of 30 hours.



In cases the birth of any child shall occur without the attendance of a physician, or of an attendant of midwife, the duty of the parent or persons or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and their attendances of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

64-964

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

July 27th 1883.

5. Place of Birth, (Street and Number)

470 Lexington St

6. Full Name of Mother,

Mary E Boyd

7. Mother's Maiden Name,

Dickson

8. Mother's Birthplace,

Ind

9. Full Name of Father,

Geo W Boyd

10. Father's Occupation,

Salesman -

11. Father's Birthplace,

Ind -

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Geo W. Boyd
1 Waverley Place

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3rd)*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 2nd, 1883*

4. Place of Birth, (Street and Number) *No 223 North Dallas Street*

5. Full Name of Mother, *Mrs. Jane A. Sydneys*

6. Mother's Maiden Name, *Mrs. J. R. Wilson*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Mrs. Joseph S. Sydneys*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Annapolis, Md.*

Name of Medical Attendant, or other Person who makes this Return *Wm. H. Glendinning, M.D.*

Address, *No. 102 N. Broadway*

Remarks,

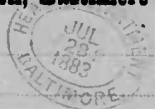


In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should the mother be attended by a person not licensed by law to practice medicine, or should the child be born within the period above specified, except in the cases of the birth and death of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of the Act in relation to the registration of births, such offense, to be recovered as other fines and penalties are recoverable, to a fine of ten dollars.

verifications, between the first and third day of each and every month to the Board of Health. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the father, or of the mother, or of the person in attendance upon the mother, to report the birth of the child to the Board of Health, within the period above specified, and to pay the fee therefor, in the manner and to the person or persons designated by the Board of Health. If the father, mother, or person in attendance upon the mother, shall hereafter fail to comply with the regulations of the Board of Health, he or she shall be liable to a fine of ten dollars, and each offense, to be recovered as other dues and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, *July 27th 1893.*

4. Place of Birth, (Street and Number) *925 N. Carey St.*

5. Full Name of Mother, *Anna T. Henry.*

6. Mother's Maiden Name, *Anna T. Hays.*

7. Mother's Birthplace, *Smithsburg, Washington Co. Md.*

8. Full Name of Father, *Davis Henry.*

9. Father's Occupation, *Merchant.*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, *John J. Fitzgerald, M.D.* or other Person who makes this Return

Address, *273 Lexington St.*

Remarks, *Prenatal loss 6th + 7th Months.*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucas
3. Date of Birth, July 27
4. Place of Birth, (Street and Number) Richards St. H.H.
5. Full Name of Mother, Leah Harpner
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, _____
9. Father's Occupation, _____
- Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Collins
- Address, 116 2. Willmore St.
- Remarks, _____



14965

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at enclaves upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or any child to report to birth to the Board of Health, in the manner, and within the period already prescribed, and shall further fall to comply with the provisions of this section shall be mulcted in a fine of ten dollars. Each offense to be recovered as other fines and penalties are recoverable.

1st.

...Hessiah

White

July 27th

No 36 High st

Annie Gerbrick

Annie Mariner

Baltimore

Millard Fillmore Gasbrick

Praying

29 Baltimore

Sophia Simon

No. 70 Granby St.

Remarks.



RETURN OF A BIRTH

64969

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG
8
1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 28th 1883

4. Place of Birth, (Street and Number) No. 9 Central Ave.

5. Full Name of Mother, Caroline Rosenblatt

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Joseph Rosenblatt

9. Father's Occupation, Pedler

Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Mrs C. Bernstein

Address, 1136 Lombard St.

Remarks,

to be filled out by the physician, or other person who makes this return, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *64970*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28 Feb 1883*

4. Place of Birth, (Street and Number) *Clement Street*

5. Full Name of Mother, *Annie Trala*

6. Mother's Maiden Name, *Annies Weaver*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Rudie Trala*

9. Father's Occupation, *Cigar Maker*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Maggie Estel*

Address, *No 13 Cuba St*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

certificates between the first and third day of each and every month to the Board of Health. In cases the birth of any child shall occur without the attendance of a physician, the mother or other person who should no other person be in attendance upon the mother, immediately thereafter, it shall then be the duty of the parent or persons of such child to report its birth to the Board of Health in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 28th

4. Place of Birth, (Street and Number)

413 E. Monument St

5. Full Name of Mother,

Laura, Emma, Skelton

6. Mother's Maiden Name,

" " White

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Ritchey Skelton

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Carroll County

Name of Medical Attendant, or other Person who makes this Return

Dr. S. S. Sack

Address, No 4139 West Pratt St

Remarks,



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the given name of the mother of such child or children.

RETURN OF A BIRTH.

64972

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 28 July 1893
4. Place of Birth (Street and Number) 379 Madison Ave
5. Full Name of Mother Florence Conner
6. Mother's Maiden Name Ross
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Conner
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Stimpson
- Address Cox Street, Georgetown D.C.
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14973

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

July 28th 1883,

1074 S Eden St

Mary E Gonttrum

" " Saring

Baltimore Md,

Charles E Gonttrum,

Stock Fitter.

Baltimore Md

J. Ridgway Andrew M.D.

121 E Balto. St.

RETURN OF A BIRTH

14974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th and 6th
 1. Sex, (state whether male or female) male and female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, July 28th and 29th
 4. Place of Birth, (Street and Number) Baltimore 171 West St.
 5. Full Name of Mother, Mary Elizabeth Bacon
 6. Mother's Maiden Name, " Matthews
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, Samuel Bacon
 9. Father's Occupation, United States Army
 Father's Birthplace, Baltimore County Md Dr. Hall.
 Name of Medical Attendant, or other Person who makes this Return Caroline Moore
 Address, 2 Childers St
 Baltimore Md
 Remarks,



RETURN OF A BIRTH

14975

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

June 28 1883

4. Place of Birth, (Street and Number)

16 Jackson St

5. Full Name of Mother,

Barrie Kinker

6. Mother's Maiden Name,

Barrie Mather

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kinker

9. Father's Occupation,

Music Teacher

Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. A. Mosby

Address,

345 Penna Ave

Remarks,

RETURN OF A BIRTH

14976

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 28, 1883

4. Place of Birth, (Street and Number)

139 Hanover st

5. Full Name of Mother,

Willie Calor

6. Mother's Maiden Name,

Murr

7. Mother's Birthplace,

Balt

8. Full Name of Father,

William Calor

9. Father's Occupation,

Machinist

Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

J. W. Webster

Address,

57 Barnes

Remarks,

of the parents, and the maiden name of the mother of such child or children."

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at instance upon the mother, immediately thereafter to become the duty of the parent or parents or such child to report its birth to the Board of Health, in the case of illegitimate children, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 28 1883*
4. Place of Birth, (Street and Number) *447 Canton av*
5. Full Name of Mother, *Mary Zimmerman*
6. Mother's Maiden Name, *Weller*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *William Zimmerman*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, (or other Person who makes this Return) *Mrs Wiley*
- Address, *No 12 Patterson Park av*
- Remarks, _____



within, only between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person so birthed, except in the case of a birth attended by a physician, to cause the birth to be registered, within the period above prescribed, by the person so birthed, or by some other person, and the person so birthed, or any person or persons, who fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

28 July

4. Place of Birth, (Street and Number)

99 Spring street

5. Full Name of Mother,

Mary Haringdon

6. Mother's Maiden Name,

Eckm

7. Mother's Birthplace,

Cumberland

8. Full Name of Father,

William Haringdon

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or person in attendance upon the mother to report the birth of the child to the Registrar of Vital Statistics, and within the period allowed by law, shall forward the same to the Registrar of Vital Statistics, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are now recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

28 July

4. Place of Birth, (Street and Number)

23 Common street

5. Full Name of Mother,

Maggie Coakeran

6. Mother's Maiden Name,

Ladly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mike Coakeran

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

14918

[illegible]

2d.

female

white rice

July the 25

Baltimore Charles and Cromwell^{5th}

Louisa Lippe

Kranke

Baltimore

gahn lippe

Edgar

Baltimore

Elizabeth Hawthorn

william st 10 374

AND STATIONERY.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the full name of the mother of such child or child.

RETURN OF A BIRTH.

64981

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First & children AUG
1. Sex (state whether Male or Female) One male 1 female (Twin)
2. Race or Color (if not of the white race) Black
3. Date of Birth Saturday July 28- 1883
4. Place of Birth (Street and Number) 74 Pierce St
5. Full Name of Mother Sarah Ann Moore
6. Mother's Maiden Name " " Harrison
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father James H Moore
9. Father's Occupation Laborer (Manufacturing)
10. Father's Birthplace Cambridge Md
Name of Medical Attendant, or other Person who makes this Return. J. Boyd Wiley M.D.
Address 198 Garaboyd St Baltimore Maryland U.S.A.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Jewish

3. Date of Birth,

28 July

4. Place of Birth, (Street and Number)

110 N. Eden St.

5. Full Name of Mother,

Regina Millhouser

6. Mother's Maiden Name,

Papenheim

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Millhouser

9. Father's Occupation,

Clerk

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Rosa Ulbrich

Address,

48 Holland St.

Remarks,

Cal

of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

14913

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

July 28 1883

3. Date of Birth,

195 Chester

4. Place of Birth, (Street and Number)

Bridget Conklin

5. Full Name of Mother,

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

William Young

8. Full Name of Father,

labor

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Mrs E. Young

Name of Medical Attendant, or other Person who makes this Return

195 Chester

Address,

Remarks,

100. Is or was physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64984

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 28 1883
178 Eddy St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

William Thurgood

6. Mother's Maiden Name,

Agnes Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Thurgood

9. Father's Occupation,

labor

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Wm E. Feltz

Address,

193 Eddy

Remarks,

44/85



124.

Male

Write ...

25 July 1858

100 Warner St.

Frederick Rother

May 27

Baltimore

Mr. Luther

Smiley

Kim Hae - Germany

Mary Beth

328 1/2 Entawh.

certificates, is between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person so licensed by law, the parents, or either of them, shall be liable to a fine of five dollars for each child so born, immediately thereafter. It shall then become the duty of such child to report to birth to the Board of Health, in the manner, and at the time, and place, and under the penalty herein provided, except in the cases of the births and deaths of illegitimate children, and any person or persons so liable hereunder shall hereby fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

14986

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

White

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 28th 1883

4. Place of Birth, (Street and Number)

Maternity 161 W. Lombard

5. Full Name of Mother,

Kate Donnelly

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

—

9. Father's Occupation,

Father's Birthplace,

E. F. Madden M.D.

Name of Medical Attendant, or other Person who makes this Return

Address, 161 W. Lombard St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

place of its birth, and the said schedule shall be destroyed, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month in the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother, to report the birth of the child to the Board of Health, within the period allowed by law, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 July 1883

4. Place of Birth, (Street and Number) Baltic N. E. corner No 50

5. Full Name of Mother, M. Bartonske

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Bohemia

8. Full Name of Father, J. Bartonske

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Roelich

Address, 69 N. Washington St

Remarks, Mary Roelich



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____ /

1. Sex, (state whether male or female) _____ *Boy*

2. Race or Color, (if not of the white race) _____ *White*

3. Date of Birth, *28 July 1883*

4. Place of Birth, (Street and Number) *Balto. Dorsey Alley No 14*

5. Full Name of Mother, *Emma Pishaneh*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return *Mary Kopitsch*

Address, *69 No. Washington St*

Remarks, *Mary Kopitsch*



certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth, and the names of the mother and father, and within the period allowed shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

July 28th 1883.

3. Date of Birth,

July 28th 1883 105 1/2 lb

4. Place of Birth, (Street and Number) # 344 Railway St. Baltimore Md

5. Full Name of Mother.

Agnes W. Gutermuth

6. Mother's Maiden Name,

Agnes W. Wakeman.

7. Mother's Birthplace,

Duval Co. Florida.

8. Full Name of Father,

William W. Gutermuth.

9. Father's Occupation,

Tailor.

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mary. Thanning.

Address,

60 Barrish St. Baltimore Md

Remarks,

Mother and child well.

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

64940

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th
Chambers

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 28 1883

4. Place of Birth, (Street and Number)

112 W. Myrtle St.

5. Full Name of Mother,

Mary E. Robinson

6. Mother's Maiden Name,

E. Brown

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. J. Robinson

9. Father's Occupation,

Sprial Engineer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Chas. C. Alcock

Address, 286 W. Long St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

64991

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 28th 3 1/2 o'clock, a.m.

4. Place of Birth, (Street and Number)

822 W. Balto St.

5. Full Name of Mother,

Mollie Rawlings

6. Mother's Maiden Name,

Mollie Mills

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. P. Rawlings

9. Father's Occupation,

Boot & Shoe Dealer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

A. H. Gaston, M.D.

Address,

123 Lexington St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 28th 1893
4. Place of Birth (Street and Number) 28th 13th St. N
5. Full Name of Mother Kate Carey
6. Mother's Maiden Name " Ryan
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Thomas Carey
9. Father's Occupation Blacksmith
10. Father's Birthplace Baltimore Md
Name of Medical Attendant, or other Person who makes this Return. D. A. Gerko
Address 110 Fort av.
Remarks

RETURN OF A BIRTH

64993

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *July 29th*
 4. Place of Birth, (Street and Number) *58. Cumberland Street*
 5. Full Name of Mother, *Gertie Crook.*
 6. Mother's Maiden Name, *Gertie Darringer.*
 7. Mother's Birthplace, *Baltimore.*
 8. Full Name of Father, *Thomas Crook.*
 9. Father's Occupation, *Store*
 10. Father's Birthplace, *Prine George Co*
- Name of Medical Attendant, or other Person who makes this return *E. T. Darringer*
- Address, *227 West Lombard St.*
- Remarks,

RETURN OF A BIRTH 14994

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 24 July

4. Place of Birth, (Street and Number) 98 Low St.

5. Full Name of Mother, Lora Marshanowitzky

6. Mother's Maiden Name, Sandler

7. Mother's Birthplace, Russia

8. Full Name of Father, Joseph Marshanowitzky

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Allig
48 Hallwood St.
Balt.



conveniently, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner, and at the time, and place, and under the penalty herein provided, to be determined by the Board of Health, except in the cases of the births and deaths of illegitimate children, and of illegitimate children of illegitimate children. If any offender fail to comply with the provisions of this section, he shall be liable to a fine of not less than five dollars, nor more than ten dollars, for each offense, to be recovered as other fines and penalties are recoverable.

111
4995
Baltimore City

HEALTH DEPT. BALTIMORE
AUG 21 1933
883

or other Person who
makes this Return

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

14996
AUG
8
1883
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 29th 1883

4. Place of Birth, (Street and Number) Low St.

5. Full Name of Mother, Rachel Rosenberg

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Morris Rosenberg

9. Father's Occupation, Tailor

Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Mr. C. Bernstein

Address, 136 Lombard St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

14997
AUG.
8
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
Female.

1. Sex (state whether Male or Female)

White.

2. Race or Color (if not of the white race).

3. Date of Birth

July 29th 1883.

4. Place of Birth (Street and Number)

Margaret Rodifer.

5. Full Name of Mother

Margaret Shaffer.

6. Mother's Maiden Name

206 Fremont St.

7. Mother's Birthplace

Baltimore City.

8. Full Name of Father

George L. Rodifer.

9. Father's Occupation

Painter.

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Joshua D. Pennington M.D.

Address

134 N. Carrollton Ave.

Remarks

RETURN OF A BIRTH

64998

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 29th 1883

4. Place of Birth, (Street and Number)

41 E. Biddle St

5. Full Name of Mother,

Augusta Grobeck

6. Mother's Maiden Name,

Reicher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Gustavus G. Grobeck

9. Father's Occupation,

Blackman

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

S. W. Seldner M.D.

Address,

3 E. Vorisger & Caroline St

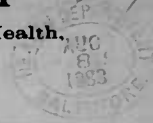
Remarks,

of the parents, and the maiden name of the mother of each child or children.

1. Name, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *July 29-1883*
4. Place of Birth, (Street and Number) *132 Poppleton st.*
5. Full Name of Mother, *Rosa Kriebitz*
6. Mother's Maiden Name, *Rosa Koepf*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Paul Kriebitz*
9. Father's Occupation, *Locksmith*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Minigunda Schlifer*
Address, *20 Columbia St.*
Remarks,

RETURN OF A BIRTH

6000

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 Aug 1883

4. Place of Birth, (Street and Number) 18 Jackson St.

5. Full Name of Mother, Anna Knacke

6. Mother's Maiden Name, McHick

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich Knacke

9. Father's Occupation, Saloon-keeper

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Stejneger

Address, 151 E. Pratt St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth of the child to the Board of Health, and within three days thereafter, or possibly longer, if the Board shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 29th 1888*
4. Place of Birth (Street and Number) *No. 202 S. Bond St*
5. Full Name of Mother, *Mrs Mary Garsia*
6. Mother's Maiden Name, *Kulisek*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Frank Garsia*
9. Father's Occupation, *Glove Keeper*
10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other Person who made this Return *Mrs Goetzke*
- Address, *No 88 S. Bond St*
- Remarks,

RETURN OF A BIRTH

15102

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 29th 1883

4. Place of Birth, (Street and Number)

77 Scott St

5. Full Name of Mother,

Caroline Van Orden

6. Mother's Maiden Name,

Caroline Koehle

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Wm Van Orden

9. Father's Occupation,

Saddler

Father's Birthplace:

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Geo R Graham M.D.

Address,

136 Columbia Ave

Remarks,



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH 15003

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3'

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 29-1883

4. Place of Birth, (Street and Number)

98 Madison St

5. Full Name of Mother,

Mary Ann

6. Mother's Maiden Name,

Loos

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Samuel Law

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

W. Street M.D.

Address,

143 N. Eder St

Remarks,

both doing well



of the parents, and the maiden name of the mother of such child or children.

verifying, between the first and third day of each and every month, to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required. Any person who shall fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or~~ female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

July 29th 1883.

98 S. Laca St.

Mary M. Hopkins

Mary M. Frank

Baltimore City,

Isiah S. Hopkins

Salesman

Baltimore City.

John D. R. [Signature]

273 Lexington St.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 29, 1883*

4. Place of Birth, (Street and Number) *S. Chappel St. 141 W.*

5. Full Name of Mother, *Madeline Jane*

6. Mother's Maiden Name, *Madeline Murray*

7. Mother's Birthplace, *Danish, N. W. Brit. Europa*

8. Full Name of Father, *James Lee*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Danish, N. W. Brit. Europa*

Name of Medical Attendant, or other Person who makes this Return, *May E. Miller*

Address, *S. Chappel St. 141 W.*

Remarks, _____

Since the first and third day of each and every month, to the Registrar of Vital Statistics, Baltimore City, in case the birth of any child shall occur without the attendance of a physician, or of a presiding midwife, or of a nurse, or of any other person, or if the mother of such child is unable to report its birth to the Registrar of Vital Statistics, in the manner, and within the period, and under the provisions of the law, the Registrar of Vital Statistics shall hereafter fall to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

65007

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 29th 1883

4. Place of Birth, (Street and Number)

Becker's Lane

5. Full Name of Mother,

Lucella Lee Smith

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John G. Smith

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Virginia A. Smith

Address,

Becker's Lane

Remarks,

of the parents, and the maiden name of the mother of such child or children."

Birth, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15008

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 29th 1883

4. Place of Birth, (Street and Number)

331 Linden Ave

5. Full Name of Mother,

Laura V. Coughley

6. Mother's Maiden Name,

Laura Villittach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John H. Coughley

9. Father's Occupation,

Merchant

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Dr. Villittach

Address,

121 W. Monument St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 29 1883

4. Place of Birth, (Street and Number)

233 W. Paul St

5. Full Name of Mother

Caroline H. Patterson Pagon

6. Mother's Maiden Name,

Caroline H. Patterson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W. H. Pagon

9. Father's Occupation,

Clerk

Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Dr. Wittenberg

Address,

121 W. Lombard St

Remarks,

Is the child of the mother named, and the maiden name of the mother of such child or children.

60 RETURN OF A BIRTH

15010

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 29 - 1883.

4. Place of Birth, (Street and Number)

69 Charles St. S. E.

5. Full Name of Mother,

Mary Fidler Lewis

6. Mother's Maiden Name,

Mary F. Stelwagen

7. Mother's Birthplace,

Phila. Delphia

8. Full Name of Father,

Fritz Lewis

9. Father's Occupation,

Booker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. H. H. H. H. H.

Address,

121 W. H. H. H. H.

Remarks,



Learn the of their physical condition, whether ill or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 29 1883

4. Place of Birth, (Street and Number) Hughes Street 250 Baltimore

5. Full Name of Mother, Mary Cezzia Smith

6. Mother's Maiden Name, Mary Cezzia Bailey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alfred Smith

9. Father's Occupation, Sailor

Father's Birthplace, Talbot County, Md.

Name of Medical Attendant, or other Person who makes this Return Sarah Anne Wilson

Address, 252 Hughes Street

Remarks,

See, too, of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

In case the birth of a child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, the mother, or the father, or the person who shall be in attendance, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *29 July*
4. Place of Birth, (Street and Number) *36 E. Baltimore street*
5. Full Name of Mother, *Alma Smith*
6. Mother's Maiden Name, *A. Hof*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *John A. Smith*
9. Father's Occupation, *Tailor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Sarah Casper*
- Address, *72 E. Lombard street*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

fifth,
female

white

27 July 1888

Balta. Md. 27 Gittings St.

Jennie Taylor

Jennie Smith

Baltimore Md.

John Chasman Taylor

Watchman

Wicomico County Md.

Mrs. Conway

Birth, of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

650111

second

- Math

- White

- July 29 '80

- 3-10 Sharp St

- Amelia Fishman

- Bellevue

- Защиты Отечества

- Post. 9th Hirschman

- Cabinet Maker

- Prussia

Chang/Chen

228/Erano 12.

ALL-STATE PRINTING AND STATISTICS

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 29/83

4. Place of Birth (Street and Number)

64 Ething St.

5. Full Name of Mother

Virginia Barker

6. Mother's Maiden Name

" Booker

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm. A. Farmer

9. Father's Occupation

House Painter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. B. Rider

Address

195 N. Fremont St.

Remarks

RETURN OF A BIRTH

15016

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 29th 1883*

4. Place of Birth, (Street and Number) *365 S. Sharp St.*

5. Full Name of Mother, *Sophy Rausch*

6. Mother's Maiden Name, *" " Boeker*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Fred Rausch*

9. Father's Occupation, *Piano-maker*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*Wm. Cornblum D.
170 S. Sharp St.*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15017

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



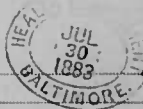
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 29th 1883
4. Place of Birth (Street and Number) 109 Fort av
5. Full Name of Mother Mary Buff
6. Mother's Maiden Name " Todd
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father Lamm Buff
9. Father's Occupation Ball & Ohio R.R.
10. Father's Birthplace West Virginia
Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke M.D.
Address 110 Fort av -
Remarks

Thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 29th 1883

4. Place of Birth (Street and Number)

50 South Ann St

5. Full Name of Mother

Kate Tierney

6. Mother's Maiden Name

" Walsh

7. Mother's Birthplace

Ireland

8. Full Name of Father

Michael B Tierney

9. Father's Occupation

Boat Stevedore

10. Father's Birthplace

Canada

Name of Medical Attendant, or other Person who makes this Return.

D W Catherwood

Address

5 N Broadway

Remarks

RETURN OF A BIRTH

1889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female) ..

male

2. Race or Color, (if not of the white race) ..

white

3. Date of Birth, ..

July 30th 1883

4. Place of Birth, (Street and Number) ..

114 Camden st

5. Full Name of Mother, ..

Louise Feldpusch

6. Mother's Maiden Name, ..

Kyell

7. Mother's Birthplace, ..

New York

8. Full Name of Father, ..

George Feldpusch

9. Father's Occupation, ..

barber

Father's Birthplace, ..

Germany

Name of Medical Attendant, or other Person who makes this return

J. J. Hamer

Address, ..

Edmond St. cor Calver St

Remarks, ..

State, sex of child, legal condition, whether still-born or not, its full name, nativity, an residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65090

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 28 1893*
4. Place of Birth (Street and Number) *1201 Broadway*
5. Full Name of Mother *Martha S. Ayers*
6. Mother's Maiden Name *Martha S. Morrison*
7. Mother's Birthplace *Irish*
8. Full Name of Father *Wesley Ayers*
9. Father's Occupation *Priest*
10. Father's Birthplace *New York*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. H. Ayers*
- Address *1201 Broadway*
- Remarks _____

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65021

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) *Third*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *July 30th 1883*
4. Place of Birth (Street and Number) *110 E. Eager St.*
5. Full Name of Mother *Kate E. Whittemore*
6. Mother's Maiden Name *Kate E. Nichols*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *Wm B. Whittemore*
9. Father's Occupation *Sailor*
10. Father's Birthplace *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

A. G. Watson

Address

437 N. Central Ave.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Deckan
Mail
Barford

Born July 30th 1883
Baltimore Barham St 125

Chorae Roberts
Mama Labson

Born in Lancaster County Pa
Jacob Roberts
labor

Estinghouse, Pa

Charlotte Morris
250 Rabag St

Mrs



RETURN OF A BIRTH

7023

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 30th 1883 No 210 Chestnut St.

4. Place of Birth, (Street and Number)

Mary Acker

5. Full Name of Mother,

Mary Acker

6. Mother's Maiden Name,

Mary Payce

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John Acker

9. Father's Occupation,

Schoemaker

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

M. A. But

Address,

No 185 S.E. Central av. & Monument St.

Remarks,

All well

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 30th 1882

4. Place of Birth, (Street and Number)

212 E. Calvary St.

5. Full Name of Mother,

Ernest Schmidt

6. Mother's Maiden Name,

Spawell

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Henry Schmidt

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Hens Hilgert

Address,

182 E. Monument St.

Remarks,

RETURN OF A BIRTH

15025

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 30 1883

4. Place of Birth, (Street and Number) 25 n. Frederick

5. Full Name of Mother, Rose Bitting

6. Mother's Maiden Name, Rose Spain

7. Mother's Birthplace, Boston Massachusetts

8. Full Name of Father, Henry Bitting

9. Father's Occupation, Barrel Maker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, E. C. Baldwin M.D.

Address, 124 n. Euter st

Remarks, The child has cleft & atate hair lip

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of a child is attended by a physician, or of a practitioner of midwifery, or by a nurse, or by a person who is not a resident of the city, it shall be the duty of such person to report the birth of the child to the Board of Health, and to file a true and correct copy of this certificate with the provisions of the section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 65026

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

30 July

4. Place of Birth, (Street and Number)

80 Market-space

5. Full Name of Mother,

Mary Brooklandder

6. Mother's Maiden Name,

Stallcam

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fred Brooklandder

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

RETURN OF A BIRTH

61087

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex. (state whether male or female)

male
White

2. Race or Color. (if not of the white race)

3. Date of Birth.

30 July

4. Place of Birth. (Street and Number)

No 340 Hazard St

5. Full Name of Mother.

Mathia Jones

6. Mother's Maiden Name.

Mathia Wallace

7. Mother's Birthplace.

Baltimore Md

8. Full Name of Father.

William Jones

9. Father's Occupation.

Butcher

10. Father's Birthplace.

Baltimore Co

Name of Medical Attendant, or other person who makes this Return

Jane Bayless

Address,

Remarks,

No 386 Hazard St

of the parents, and the maiden name of the mother of such child or children."

15025

11

10. Father's Birthplace, Poland

Mary E. Miller

Address, *11 Dallas Ave. New York*

Remarks,

[illegible]

Place of the birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the board of health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or persons attending the birth of the child to report the birth to the board of health, and within the period specified in the said schedule, and in case of failure to do so, the parent or persons attending the birth shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 16, 30, 1883*

4. Place of Birth, (Street and Number) *Young St. N. W.*

5. Full Name of Mother, *Madeline Meyer*

6. Mother's Maiden Name, *Madeline Wolf*

7. Mother's Birthplace, *Hersdorf, Gr. Hesse, Germany*

8. Full Name of Father, *Edward Meyer*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *1000 N. W. 26*

Remarks, _____

RETURN OF A BIRTH

15030

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 30 4 '83. 4 o'clock a.m.

4. Place of Birth, (Street and Number)

392. Mulberry St.

5. Full Name of Mother,

Mary C. E. Hallack

6. Mother's Maiden Name,

Mary C. Jennings

7. Mother's Birthplace,

Abbeville, Harford Co.

8. Full Name of Father,

E. D. Hallack

9. Father's Occupation,

Flour & Grain Dealer

10. Father's Birthplace,

Rockville, N. Y.

Name of Medical Attendant, or other Person who makes this Return

C. H. Dutton, M.D.

Address,

543. Lexington St.

Remarks,

RETURN OF A BIRTH

65031

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 30th 83*

4. Place of Birth, (Street and Number) *50 N. Street St.*

5. Full Name of Mother, *John P. Baughes*

6. Mother's Maiden Name, *Allie Sare*

7. Mother's Birthplace, *MD*

8. Full Name of Father, *John P. Baughes*

9. Father's Occupation, *Grain Merchant*

10. Father's Birthplace, *MD*

Name of Medical Attendant, or other Person who makes this Return

*J. H. Miller M.D.
108 Franklin St.*

Address,

Remarks,

RETURN OF A BIRTH

65032

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

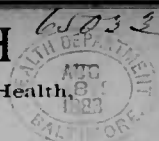
July 30, 83
J. Bottel str No 17
Maryanne Weyler
Larber
Baltimore
Henry Weyler
Laborer
Baltimore
Wm. J. Bayhach
J. Wall str No 14

Of the parents, and the maiden name of the mother of child called or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Male

2. Sex, (state whether male or female)

White

3. Race or Color, (if not of the white race)

4. Date of Birth,

July 30. 1883

5. Place of Birth, (Street and Number)

16. E. Fayette St.

6. Full Name of Mother,

Margaret C. Schmick

7. Mother's Maiden Name,

Margaret C. Gebauer.

8. Mother's Birthplace,

Maryland.

9. Full Name of Father,

William Schmick,

10. Father's Occupation,

Slater.

11. Father's Birthplace,

Maryland,

Name of Medical Attendant, or other Person who makes this Return

J. W. Honek M.D.

Address,

75 E. Balto. St.

Remarks,

of the parents, and the maiden name of the mother of each child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65034

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *29*

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth *July 30. 83*

4. Place of Birth (Street and Number) *12 Calender st*

5. Full Name of Mother *Bertha*

6. Mother's Maiden Name *Toos*

7. Mother's Birthplace *Balto.*

8. Full Name of Father *George Heinr*

9. Father's Occupation *Clerk*

10. Father's Birthplace *Balto*

Name of Medical Attendant, or other Person who make this Return. *Walter W. W. W.*

Address *137 W. Fayette st*

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 31st*
4. Place of Birth, (Street and Number) *No 126 Gross St*
5. Full Name of Mother, *Ellen E. Luntan*
6. Mother's Maiden Name, *" Schriber*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Edward Luntan*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Birch Md*
- Address, *715 1st Avenue St*
- Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or at a distance from the mother, immediately thereafter, it shall then become the duty of the parent or parents to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wh
3. Date of Birth, July 31. 1883.
4. Place of Birth, (Street and Number) 271 N. Eutaw
5. Full Name of Mother, Joanna B Scriven
6. Mother's Maiden Name, " " McCarthy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Charles T Scriven
9. Father's Occupation, Wundertaker
10. Father's Birthplace, Ind

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks, His first boy!

G Lane Daneyhill
219 Madison ave



1537

Birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recoverable as other fines and penalties are recoverable.

First

Ala. 18

1884

July 31st 1883

263, A. Eden St. Hutto

Pennie Zimmerman

Hubbard.

Balto. Md.

Samuel Zimmerman

Machinist

Balto Md

Frankella Oliver

1531 Eden St.

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 31st 83.

4. Place of Birth, (Street and Number)

421 Hamburg St.

5. Full Name of Mother,

Mary E. Reinhardt

6. Mother's Maiden Name,

Hoffman.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Conrad Reinhardt.

9. Father's Occupation,

Cabinet Maker.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall. M.D.

Address,

1528 Sharp St.

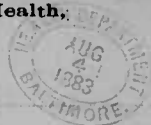
Remarks,

of the parents, and the

RETURN OF A BIRTH

65039

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 31, 1883

4. Place of Birth, (Street and Number)

210. Lakes St

5. Full Name of Mother,

Clara H. Wood

6. Mother's Maiden Name,

Clara H. Wilson

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Ben H. Wilson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Maggie Ettel

Address,

No 13 Cuba St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31 of July

4. Place of Birth, (Street and Number)

38 Britton Street

5. Full Name of Mother,

Elisa A. Altherrn

6. Mother's Maiden Name,

Elisa A. Eubert

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

John A. Eubert

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. Cristina Sauer

Address,

173 Hazard Ave.

Remarks,

1898

of the parents, and the maiden name of the mother of such child or children.

15021

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents to, such child to rejoin its birth to the Lord of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to a fine of not less than \$100 nor more than \$500, and to imprisonment for not less than 30 nor more than 90 days, and shall be deemed to be guilty of a misdemeanor.

fourth and fifth. Child twins
2 female

2 Female

A circular library stamp from the Health Department, Baltimore. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE" is curved along the bottom inner edge. In the center, the date "AUG 11 1893" is stamped.

July 31st 1885

206 William St

Lariss Schenke

Barr

America

George Chmiele

! Carpet, polster

America

S. Schgasser *mediocris*
330 Hancock St.

330 Hunover St.

CITY PRINTERS AND STATISTICALS.

RETURN OF A BIRTH, 15012

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



1st
Female
July 31st 1883
354 N. Lee St.
Mary. E. Lusk
" " Evans
Balti. C. Md
Jas. E. Lusk
Im. can. maker.
Baltimore
Edward A. M. D. C. C.
57 Weymouth St.

name of the mother of such child or children.

RETURN OF A BIRTH

150213

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 31st 1883

4. Place of Birth, (Street and Number)

26 Potomac street

5. Full Name of Mother,

Barbara Young

6. Mother's Maiden Name,

Barbara Gates

7. Mother's Birthplace,

Charles County

8. Full Name of Father,

Joseph Young

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who
makes this Return

Mrs Sarah Lullens

Address,

104 Curley street Canton

Remarks,

Of the parents, and the maiden name of the mother of such child of children.

RETURN OF A BIRTH

65044

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

July 31st 1893

318 S. Bond St.

Ida Fleming

— Marrying

Baltimore

John Fleming

Clerk

Baltimore

Mrs. Louis Kraft

230 Canton Ave

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, hereinafter provided, and in case of failure to do so, the parent or parents of any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are now recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 650215

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth. 31 July
4. Place of Birth, (Street and Number) 113 S. Eden street
5. Full Name of Mother, Ellen Goodman
6. Mother's Maiden Name. Cossan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Robert Goodman
9. Father's Occupation, labourer
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address, 72. E. Lombard street
- Remarks, _____

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall then become the duty of such person to report to the Board of Health, in the manner and within the period above provided, and shall be subject to the same penalties as are provided for any person or persons who shall hereafter fail to comply with the provisions of this act, and such violation shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

31 July

4. Place of Birth, (Street and Number)

23 Gough street

5. Full Name of Mother,

Henriette Roberts

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Roberts

9. Father's Occupation,

Sabourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 31 1883

4. Place of Birth, (Street and Number)

511 David Hill Ave,

5. Full Name of Mother,

Maggie C. Polk,

6. Mother's Maiden Name,

Galloway,

7. Mother's Birthplace,

Osage, Kansas,

8. Full Name of Father,

Francis D. Polk,

9. Father's Occupation,

Merchant,

10. Father's Birthplace,

New Orleans, La.

Name of Medical Attendant,

or other Person who makes this Return

J. L. Doyle M.D.

Address,

2517 Lawrence

Remarks,

place of the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a duly licensed practitioner, the parents shall be bound to procure a certificate of birth from the Board of Health, and to deliver the same to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of premature children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 31 July

4. Place of Birth, (Street and Number) 5- Blemin street

5. Full Name of Mother, Rachel Kanado

6. Mother's Maiden Name, Procontha

7. Mother's Birthplace, Italy

8. Full Name of Father, Gaetana Kanado

9. Father's Occupation, Fruit Packer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. O. Lombard street

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

65049

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth

July 31, 1883

4. Place of Birth (Street and Number)

Baltimore County

5. Full Name of Mother

Currie Lath

6. Mother's Maiden Name

Currie Henry

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

William H. Lath

9. Father's Occupation

Enger

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. Shaffer

Address

No. 114 Bridge St

Remarks

When any child is born, its sex, race, color, date of birth, sex, and color of two children or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the residence name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 1st 1888*
4. Place of Birth, (Street and Number) *106 East St.*
- Full Name of Mother, *Kate Hartman*
6. Mother's Maiden Name, *Kate Kitchin*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *August Hartman*
9. Father's Occupation, *Cabinet maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. B. B. B.*
- Address, *No. 185 E. E. cor. Canal av. Monument*
- Remarks, *See Bill*

certificates, between the first and last day of each and every month, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the case of the birth and death of the immediate child, in which case any person or persons who shall hereafter fail to comply with the provisions of this ordinance, to be punished as other laws and regulations may require.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 1st 1883

4. Place of Birth, (Street and Number)

69 Mc Bain St

5. Full Name of Mother,

Ella Sumwalt

6. Mother's Maiden Name,

Harman

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John H. Sumwalt

9. Father's Occupation,

Ice Dealer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

M B Billingsley

Address,

236 E Prater St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

To the Office of Registrar, of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar, of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

Full Name of Mother.

6. *Molner's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant,

or other Person who
makes this Return

Address.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 1st 1883

4. Place of Birth, (Street and Number)

69 Mc Kim St
Ella Sumwalt

5. Full Name of Mother,

6. Mother's Maiden Name,

Harman

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John H. Sumwalt

9. Father's Occupation,

Ice Dealer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

M. B. Billingsley

Address,

236 E. Prater St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *August 1st 1883*

4. Place of Birth, (Street and Number) *277 S. Eutan St. Ball's Blk.*

5. Full Name of Mother, *Eva Steady*

6. Mother's Maiden Name, *Eva Jague*

7. Mother's Birthplace, *England*

8. Full Name of Father, *Stephen E. Steady*

9. Father's Occupation, *Cook*

10. Father's Birthplace, *Dorchester Co. Md.*

Name of Medical Attendant, or other Person who makes this Return *Sarah Ann Brown*

Address, *272 S. Eutan St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH *1503*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

State, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Fourth

Female

White

August 12th 1883

169 No. Caroline St

Mary Schuck

Michie

Baltimore

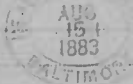
Christopher C. Schuck

Tailor

Germany

J. J. Sillner M.D.

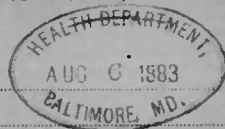
820 Caroline St. Bagen



RETURN OF A BIRTH

15054

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Birth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 1st inst.
4. Place of Birth, (Street and Number) Hudson Alley No. 3
5. Full Name of Mother Kate Getzschmar
6. Mother's Maiden Name, Ohio
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, M. Weidenman
9. Father's Occupation, Solon Keeper
10. Father's Birthplace, Not Known

Name of Medical Attendant, or other Person who makes this Return

Edw. B. Price, M.D.

Address,

118 Hoffman St

Remarks,

RETURN OF A BIRTH, 65855

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug. 21 1883

4. Place of Birth, (Street and Number)

64 Hillman St

5. Full Name of Mother

Margaret A. McKee

6. Mother's Maiden Name

" " Gurgath

7. Mother's Birthplace

Penn.

8. Full Name of Father

Edward McKee

9. Father's Occupation

Editor

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

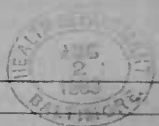
Edward D. McDevitt

Address

57 Baymont St

Remarks

name of the mother of such child or children.



RETURN OF A BIRTH

75056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 1st 1883

4. Place of Birth, (Street and Number)

"Maternity" - 161 N. Lombard

5. Full Name of Mother,

Virginia Jones

6. Mother's Maiden Name,

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

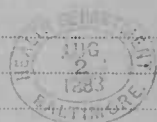
Name of Medical Attendant, or other Person who makes this Return

E. F. Keadle M.D.

Address,

161 N. Lombard St.

Remarks,



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd, 3rd, 4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, August 26, 1903

4. Place of Birth, (Street and Number) East Lombard St. 19 18.3

5. Full Name of Mother, Levie Yehle

6. *Mother's Maiden Name.* Leah Williams

7. Mother's Birthplace, Baldwin Co.

S. Full Name of Father, *Henry Noble*

9. *Father's Occupation,* Librarian Peabody

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Address. 15414 1/2 St. N.E.

Remarks,



birth to any child shall occur within the same year. The child shall be born to the mother and should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the District Health, in the manner, and within the period already required, except in the case of the births, and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars and shall moreover be liable to such other penalties as the District Health may deem proper, such offense to be prosecuted as other laws and penalties are so provided, and shall be recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

Aug 1 - 83

4. Place of Birth (Street and Number)

5 N. Chapel St.

5. Full Name of Mother

Anna Bauer

6. Mother's Maiden Name

Anna Bitterlich

7. Mother's Birthplace

Balto. City

8. Full Name of Father

Int. Bauer

9. Father's Occupation

Cropper and cannemaker

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who makes this return

Pierre Geo. Deuschke

Address

3 N. B'way

Remarks

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65059

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *Aug. 1st 1883*
4. Place of Birth (Street and Number) *39 Farrow St*
5. Full Name of Mother *Maggie O'Malley*
6. Mother's Maiden Name *Maggie Connelley*
7. Mother's Birthplace *Balto. City*
8. Full Name of Father *Patrick L. O'Malley*
9. Father's Occupation *Telegraphist*
10. Father's Birthplace *Balto. City*
- Name of Medical Attendant, or other Person who makes this return *Pierre G. Dauschmidt*
- Address *3 N. B'way*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 1, 1883.

4. Place of Birth, (Street and Number)

182 W. Tuckers Ave.

5. Full Name of Mother,

Mary G. Addison,

6. Mother's Maiden Name,

Kepner

7. Mother's Birthplace,

Prince Geo. Co. Md.

8. Full Name of Father;

Walter D. Addison,

9. Father's Occupation,

Root-reeper,

10. Father's Birthplace,

Mississippi

Name of Medical Attendant, or other Person who makes this Return

J. L. Doyle M.D.
247 Sanvale

Address,

Remarks,

Know all men that I, the undersigned, being of legal age and sound mind, do hereby certify that the foregoing is a true and correct copy of the original record of the birth of the child named above, as the same appears from the records of the Office of the Registrar of Vital Statistics, Baltimore City, and that the same is a true and correct copy of the original record of the birth of the child named above, as the same appears from the records of the Office of the Registrar of Vital Statistics, Baltimore City, and that the same is a true and correct copy of the original record of the birth of the child named above, as the same appears from the records of the Office of the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH 65061

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 1
485 Franklin St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Annie Wheat
Gmuscup

6. Mother's Maiden Name,

7. Mother's Birthplace,

Stanford Co.
Jm E. Wheat

8. Full Name of Father,

Clerk
Balt.

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

J M Wilson
257 Mad. Ave.

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

Aug 1, 1883.

4. Place of Birth, (Street and Number)

No 4 Peary alley

5. Full Name of Mother,

Kennetta Smith

6. Mother's Maiden Name,

Kennetta Young

7. Mother's Birthplace,

Cambridge

8. Full Name of Father,

Edward Smith

9. Father's Occupation,

Snow Hill

10. Father's Birthplace,

P. Walter

Name of Medical Attendant, or other Person who makes this Return

Amelia Banks

Address,

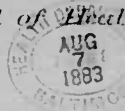
29 Campbell alley

Remarks,

RETURN OF A BIRTH

65063

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female).....

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

First of August

4. Place of Birth, (Street and Number)

No 26 Sharp St

5. Full Name of Mother,

Emma Docturn

6. Mother's Maiden Name,

Emma Carroll

7. Mother's Birthplace, ..

Eastern Shore

8. Full Name of Father,

John Carroll

9. Father's Occupation,

Hard Carrier

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Charlotte Goldborough

Address,

No 89 Moores Alley

Remarks,

born, lie or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

14-00000
AUG 7 1953
14-00000

any name shall have been conferred, its sex, color, full name and identification of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall have occurred on a day when a practitioner is absent, a medical officer or other person shall deliver to the Board of Health, within the time specified, a certificate in the form of the said schedule, duly signed, in which shall be stated the name of the practitioner, the date of his absence, and the date when he returned, and the date when the said certificate was delivered to the Board of Health. In the manner and to the effect herein provided, each child in the case of the birth and death of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are so provided.

Female

1 August

48 Style street

Annie Linzie

Rottchers

Baltimore

George Linzie

Araber

Baltimore

Sarah Casper

72. E. Lombard street

IT IS BY THE UNITED STATES AND STATISTICAL.

Birth, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65065

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored Race
3. Date of Birth the first of August
4. Place of Birth (Street and Number) 47 Walker st
5. Full Name of Mother Eliza Marshall
6. Mother's Maiden Name Eliza King
7. Mother's Birthplace Maryland, County
8. Full Name of Father John H. Marshall
9. Father's Occupation Seaman
10. Father's Birthplace Baltimore County
- Name of Medical Attendant, or other Person who makes this Return. Catherine Riley
- Address 47 Walker st
- Remarks

RETURN OF A BIRTH 65066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 1st 1883

4. Place of Birth, (Street and Number)

51 N. Gilman St

5. Full Name of Mother,

Hattie Elizabeth Windsor

6. Mother's Maiden Name,

Dudrow

7. Mother's Birthplace,

Warrenton Va

8. Full Name of Father,

William Brewer Windsor

9. Father's Occupation,

Travelling Agent

10. Father's Birthplace,

Montgomery Va

Name of Medical Attendant,

or other Person who
makes this Return

Dr. W. H. Wright M.D.

Address,

55 N. Gilman St

Remarks,

RETURN OF A BIRTH

65067

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

female
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

~~August 1st 1888~~ August 1st 1888

4. Place of Birth, (Street and Number)

Baltimore 55 Gough Street

5. Full Name of Mother,

Hannah J. Jordan

6. Mother's Maiden Name,

~~Hannah A. Ortlip~~ Ortlip

7. Mother's Birthplace,

~~Port Detroit~~ Port Detroit

8. Full Name of Father,

John Jordan

9. Father's Occupation,

~~Ship joiner~~ Ship joiner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hannah Jordan

Address,

136 S. Caroline st.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1868

AUG
8
1868

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth
4. Place of Birth (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name
7. Mother's Birthplace
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

4th
Male.
White.
August, 1st 1868
213. George st.
Mary E Rogers.
Mary E Linty.
St Mary's les Mld.
Geo H. Rogers.
Book-keeper.
Balti City.
John O'Dennington M.D.
134 N. Carrollton av

born, is of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65069

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65070

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *1 August 1880*

4. Place of Birth, (Street and Number) *45 Holland St.*

5. Full Name of Mother, *Mary Barret*

6. Mother's Maiden Name, *" Hammonn*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Ellis Barret*

9. Father's Occupation, *salesman*

● Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Allen
45 Holland St.



birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at midwife upon the mother, immediately thereafter, it shall then, basing the duty of the parent or parents at such child to report its birth, to the Board of Health, in the manner, and to the effect, provided in this act, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall be guilty of such offense, to be recovered as other fines and penalties recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August 1st

4. Place of Birth, (Street and Number)

Kimble Alley No 5

5. Full Name of Mother,

Fannie Davis

6. Mother's Maiden Name,

Fannie Marshall

7. Mother's Birthplace,

Gettysburg Virginia

8. Full Name of Father,

David Davis

9. Father's Occupation,

Labo

10. Father's Birthplace,

Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return

Sarah Penilton

Address,

126 Tyeon St

Remarks,

No Remarks.



RETURN OF A BIRTH,

75072

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 12, 1883

4. Place of Birth, (Street and Number)

244 Fulton St.

5. Full Name of Mother

Catherine E. Cadden

6. Mother's Maiden Name

" " Laskins

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John C. Cadden

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Edward J. McGowan

Address

244 Fulton St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG
16
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 1st, 1883

4. Place of Birth, (Street and Number)

No. 543 Baylen Street

5. Full Name of Mother,

Mrs Susan Powell

6. Mother's Maiden Name,

Miss Susan Sayfield

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Powell

9. Father's Occupation,

Carver

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Rachel M. Garrett

Address,

No 65 Duke St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

In case the death of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance, then the duty of the parent or parents is to report its birth to the Board of Health within the period above specified, except in the cases of illegitimate children, and any person or persons who shall violate or fail to comply with the provisions of this act shall be subject to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4.)*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 2th 1883*
4. Place of Birth, (Street and Number) *No 13. ~~Alt~~ Barnes St*
5. Full Name of Mother, *Arnestina Paula*
6. Mother's Maiden Name, *" Rochlitz*
7. Mother's Birthplace, *Cereker Bohemia*
8. Full Name of Father, *Frank Paula*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Rutna-Hora Bohemia*
- Name of Medical Attendant, *Josephina Konrad*
- Address, *No*
- Remarks,

certificates, between the first and third day of each and every month, to the Board of Health. In case the attendance of a physician, or of a practitioner of medicine, or of a practitioner of surgery, or of a midwife, or of any other person, is required, the Board of Health may, in its discretion, require the attendance of such person, and the person so required shall be liable to a fine of not more than five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, August 2d 1883
4. Place of Birth, (Street and Number) No. 8 N. Wolfe St.
5. Full Name of Mother, Barbara Joett
6. Mother's Maiden Name, Olse
7. Mother's Birthplace, City
8. Full Name of Father, Valentine Joett
9. Father's Occupation, Farmer
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Retz
- Address, 120 Bank St.
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *colored female child Born*
1. Sex, (state whether male or female) *in Baltimore August the 2nd 1883*
2. Race or Color, (if not of the white race) *at Chasnut Alley No 21*
3. Date of Birth, *mother name Lucremer grass*
4. Place of Birth, (Street and Number) *Norfolk Lane Snowden*
5. Full Name of Mother, *Lucremer grass*
6. Mother's Maiden Name, *Lucremer grass*
7. Mother's Birthplace, *Lucremer grass*
8. Full Name of Father, *Lucremer grass*
9. Father's Occupation, *Lucremer grass*
- Father's Birthplace, *Lucremer grass*

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, 2 August

4. Place of Birth, (Street and Number) 27 E. Len.

5. Full Name of Mother, Katie Macklemore

6. Mother's Maiden Name, Maera

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Macklemore

9. Father's Occupation, Labourer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,



birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in the regulations of the Board of Health, and if any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and offense, to be recovered as other fines and penalties are recoverable.

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of illegitimate children, and in the case of any child born of a mother who has been convicted of any offense, to be reported as other times and places, and in the manner, and within the period above required, to a House of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 2 August

4. Place of Birth, (Street and Number) 5-2 Eden street

5. Full Name of Mother, Johannah Carle

6. Mother's Maiden Name, Kaufmann

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Carle

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard street

Remarks,



[illegible]

1933

4

Female

2. August

11 Albemarle

Katie Cair

Proke

Baltimore

James Bain

Labouret.

Baltimore

Sarah Caster

72. E. Lombard street

CO., CITY PLANTATION AND STATISTICS.

Place of the birth of the child, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the person be in at variance upon the mother, immediately thereafter, it shall then become the duty of the parent, or of any person who may be present, to report its birth to the Board of Health, in the manner, and at the time, and to the person, provided for in this act, and shall not be liable to any fine or penalty, or to a fine of ten dollars, nor each offence, to be registered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 2nd 18

4. Place of Birth, (Street and Number)

24 Henrietta

5. Full Name of Mother,

Salvina Cuckee

6. Mother's Maiden Name,

" Woth

7. Mother's Birthplace,

Germany, Germ.

8. Full Name of Father,

Philip Cuckee

9. Father's Occupation,

Cabinet-Maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

~~Philip~~ Mary

Address,

328 South Euterpe

Remarks,

RETURN OF A BIRTH

7501

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 2^d

4. Place of Birth, (Street and Number)

15th Wharf

5. Full Name of Mother,

Ezzie Drohan

6. Mother's Maiden Name,

Davis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Drohan

9. Father's Occupation,

Brulwood Man

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. W. Morris M. D.

Address,

S. W. Chestnut & E. E. Street

Remarks,

RETURN OF A BIRTH

65012

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 2nd

4. Place of Birth, (Street and Number)

Baltimore Scott St N^o. 97

5. Full Name of Mother,

Effie Galloway

6. Mother's Maiden Name,

Fox.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Galloway

9. Father's Occupation,

Carpenter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. G. Mitchell

Address,

N^o. 38 Parkin St.

Remarks,



born, as of their physical condition, whether subject to any, and the name of the mother of such child or children.

RETURN OF A BIRTH

61002

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, August 27th 1883

5. Place of Birth, (Street and Number) 17 502 Cross St

6. Full Name of Mother, Hannah K. Beard

7. Mother's Maiden Name, Hannah K. Klingfelder

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Harry F. Beard

10. Father's Occupation, Printer

11. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Address, Green Dangle

Remarks

of the parents, and the maiden name of the mother of such child or children.

NOTICE

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was received in the same
condition and microfilmed
as shown.**

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assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

One Child
Female

Colored Race

Aug 2 1888

224 Orleans St

Lillie Stron

Lillie Ginkins

Orchester County

Quace Stron

Sailor

South Virginia

Escander Woodford

130 Regester St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 2nd 1883

4. Place of Birth, (Street and Number)

12333 Aigault St.

5. Full Name of Mother,

Mary Schnierl.

6. Mother's Maiden Name,

Mary Bachmann.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Edward Baldwin Schnierl.

9. Father's Occupation,

Chaser

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mammie L. Midwife

Address,

118 Saratoga Str. Balt. City

Remarks,

of the parents, and who have a true and correct copy of the mother of such child or children.

RETURN OF A BIRTH

East

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight 8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 2d, 1883

4. Place of Birth, (Street and Number)

No. 513 N. Gay Street

5. Full Name of Mother,

Mrs. Margaret Allen Gramuth

6. Mother's Maiden Name,

Mrs. Margaret Allen Hartlove

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mrs. William George Gramuth

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Dr. H. Lindgren M.D.

Address,

No. 102 N. Broadway

Remarks,

of the father, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15087

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

2 August

4. Place of Birth, (Street and Number)

N. 1 Pullman Alley

5. Full Name of Mother,

Julianna Weber

6. Mother's Maiden Name,

Julianna Epp

7. Mother's Birthplace,

Germany, Bismarck

8. Full Name of Father,

Erhard Weber

9. Father's Occupation,

Workmen

10. Father's Birthplace,

Germany, Bismarck

Name of Medical Attendant, or other Person who makes this Return

Dr. J. J. ...

Address,

15087

Remarks,

NOTICE

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was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

65018

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

August 3 1883

Place of Birth, (Street and Number)

116 Lee St

Full Name of Mother,

Sophia Snyder

Mother's Maiden Name,

Sophia Bauman

Mother's Birthplace,

Maryland

Full Name of Father,

Barvin Snyder

Father's Occupation,

clerk

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. W. Miller

Address,

121 W. Monument

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, August 3d 1883

4. Place of Birth, (Street and Number) 185 S Bond St

5. Full Name of Mother, Matilda (Lautenberg) Krause

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, City

8. Full Name of Father, William Krause

9. Father's Occupation, Machinist

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Potz

Address, 120 Bank St

Remarks, _____

of the parents, and the maiden name of the mother of each child or children.

any Person
to a fine of \$

WT.

PRINTED AND STATIONED.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

65090

the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.)

4th

Whether Male or Female)

Male

or (if not of the white race)

Negro, mulatto

Birth (Street and Number)

400 West 3rd

of Mother

Emma Butler

Given Name

Emma Jane

Birthplace

Baltimore

of Father

John Butler

Occupation

laborer

Residence

Baltimore

Medical Attendant, or other Person who makes this return

Dr. J. J. Butler
115 North 2nd

Do not write

15091

Return of a Birth
the Office of Registrar of Vital Statistics, Board of Health
Baltimore City



Child of Mother — 5th
Sex — Female
Color — White
Date of Birth — August 3/03
Place of Birth — N. E. Cor Bank and Washington Sts
Name of Mother — Fanny E. Henderson
Mother's Maiden Name — " " Sinclair
Mother's Birth Place — Baltimore Md
Name of Father — John W. Henderson
Father's Occupation — U. S. Signal Service
Father's Birth Place — Baltimore Md
Name of Medical Attendant or other person who makes this return — Mrs Hannah Knowles
Marks — Natural

136 South Caroline St

[illegible]

75072

62

- State
White
August 3rd 1880
1160 Lee St
Addie J. Smith
" " Taylor
England
Wm. C. Smith
Watchman
New-Jersey

Theodore Roche Kirk
per 23



Remarks. _____

RETURN OF A BIRTH

1507-5

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3 August

4. Place of Birth, (Street and Number) 177 St. Dallas St.

5. Full Name of Mother, Annie Knauer

6. Mother's Maiden Name, Stengal

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John Knauer

9. Father's Occupation, wagon driver

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rosa Ullig

Address,

88 Thelland St.

Remarks,

Balt

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3rd, August*
4. Place of Birth, (Street and Number) *34 S. Eutan*
5. Full Name of Mother, *Clascheat A. Henneman*
6. Mother's Maiden Name, *Clascheat A. Kitz*
7. Mother's Birthplace, *Balti City*
8. Full Name of Father, *J. A. Henneman*
9. Father's Occupation, *Horse Dealer*
10. Father's Birthplace, *Balti City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Clifford*
- Address, *No 22 Columbia Ave*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

August 3d

4. Place of Birth, (Street and Number)

No 4 Halle Alley

5. Full Name of Mother,

Matilda Irish

6. Mother's Maiden Name,

Matilda Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Irish Irish

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mr. Walker

Address,

No 15 Duncan Alley between Baltimore

Remarks,

and Lombard

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th

Female

White

Aug. 3rd 1883

Baltimore Street & St N^o 62

Jennie Leman

Adams

Baltimore

John Leman

Painter

Baltimore

Mrs. C. Mitchell

N^o 5-8 Parkin St.



RETURN OF A BIRTH

65097

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. ☒ of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 3rd 1883

4. Place of Birth, (Street and Number)

Baltimore Stricker St. N^o. 328

5. Full Name of Mother,

Ella Davis

6. Mother's Maiden Name,

Russell

7. Mother's Birthplace,

Baltimore,

8. Full Name of Father,

Jacob Davis

9. Father's Occupation,

Carpenter

☒ Father's Birthplace:

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. E. Mitchell

Address,

N^o. 58 Parkin St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 3, 1883.

4. Place of Birth, (Street and Number)

79 Patterson Park Ave

5. Full Name of Mother,

Sallie A. Smith

6. Mother's Maiden Name,

Travers

7. Mother's Birthplace,

Taylor's Island Dor. Co. Md

8. Full Name of Father,

C. D. Smith.

9. Father's Occupation,

Physician

10. Father's Birthplace,

Dor. Co. Md

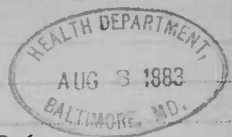
Name of Medical Attendant, or other Person who makes this Return

Chas Smith M.D.

Address,

Cor Lee & Hanover Sts.

Remarks,



with or without the attendance of a physician, or of a midwife, or of a nurse, or of any other person, shall be in at once upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or such child to report its birth to the Board of Health, in the manner, and within the period above provided, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd August, 1883.

4. Place of Birth, (Street and Number) Balto N. Wolfe St No 35.

5. Full Name of Mother, Mary Goleniewski.

6. Mother's Maiden Name, Mrs. Masnosh.

7. Mother's Birthplace, Poland.

8. Full Name of Father, Frank Goleniewski

9. Father's Occupation, Tailor.

10. Father's Birthplace, Poland.

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,

AUG
15
1883

BALTIMORE

Mary. Koptish

69 N. Westinghouse St.

Mary. Koptish.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Seventh

Male

White

August 22 1883

195 N Dallas St

Mary Ann Francis Borneman

Gontrom

Baltimore

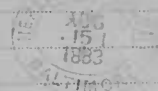
John Henry William Borneman

Tailor

Germany

J. E. Seldner M.D.

3 E. Cor Eager & Carolina Sts



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

[illegible]

RETURN OF A BIRTH

65102

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 4th 1883

4. Place of Birth, (Street and Number) 412 W Baltimore Street

5. Full Name of Mother, Magdalena Feick

6. Mother's Maiden Name, Gross

7. Mother's Birthplace, Hildesheim Hessen Darmstadt

8. Full Name of Father, Henry Feick

9. Father's Occupation, Furnisher Dept

10. Father's Birthplace, Hildesheim Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return Mrs Dummer

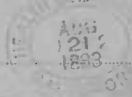
Address, No. 60 W Strader Street

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH *65103*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Friday August 3rd 1893*

4. Place of Birth, (Street and Number) *Baltimore M. D. 201 Lemon St.*

5. Full Name of Mother, *Lora Suffer*

6. Mother's Maiden Name, *Lora Basel*

7. Mother's Birthplace, *Posen Germany*

8. Full Name of Father, *Ruben Suffer*

9. Father's Occupation, *Weaver*

10. Father's Birthplace, *Masow Poland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Dwyer*

Address, *60 N. Schroeder St.*

Remarks, _____

of the parents, and the maiden name of the mother of such child or children."

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH

65102

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 2nd 1883

4. Place of Birth, (Street and Number) 712 W. Baltimore Street

5. Full Name of Mother, Margalex Feick

6. Mother's Maiden Name, Gross

7. Mother's Birthplace, Hildesheim, Hessen Darmstadt

8. Full Name of Father, Henry Feick

9. Father's Occupation, Furniture Dealer

10. Father's Birthplace, Hildesheim, Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return Mrs. Dummke

Address, No. 60 W. Shafter Street

Remarks,

Of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65103

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG
1212
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday August 3rd 1883

4. Place of Birth, (Street and Number)

Baltimore M. D. 201 Lemon St.

5. Full Name of Mother,

Lou Suffer

6. Mother's Maiden Name,

Lora Basel

7. Mother's Birthplace,

Posen Germany

8. Full Name of Father,

Ruben Suffer

9. Father's Occupation,

Weaver

10. Father's Birthplace,

Masow Poland

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Dwyer

Address,

60 N. Schroeder St.

Remarks,

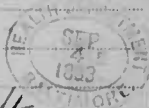
of the parents, and the maiden name of the mother of such child or children.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a duly qualified person, the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause a return to be made of the birth of such child, and if any person or persons shall hereafter fail to comply with the provisions of this act, such person or persons shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 3rd of August
4. Place of Birth, (Street and Number) No. 6 Ramsey St
5. Full Name of Mother, Jane Lucas
6. Mother's Maiden Name, Jane Lillyman
7. Mother's Birthplace, London Northampton England
8. Full Name of Father, John Lucas
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Northampton England
- Name of Medical Attendant, or other Person who makes this Return Kate Sebeck
- Address, 437 7th Ave
- Remarks, _____



any of the mother or parents or such persons to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,



1st
Male
White
Aug 3rd 1883
21 Springs St
Martha Howell
" "
Germany
Charles Howell
Teacher
Germany

Dr. H. M. Halliday
1822 E. Mount Vernon St.

RETURN OF A BIRTH

65106

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 3/83

4. Place of Birth, (Street and Number)

43 Bandell St

5. Full Name of Mother,

Elizabeth Burk

6. Mother's Maiden Name,

Elizabeth Willenhausen

7. Mother's Birthplace,

Camborough, New Hampshire

8. Full Name of Father,

Martin Burk

9. Father's Occupation,

Groceries

● Father's Birthplace,

Engelbach Germany

Name of Medical Attendant,

or other Person who makes this Return

Prof. Müng

Address,

1 Luebeck St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The second child:

1. Sex, (state whether male or female)

Halle.

2. Race or Color, (if not of the white race)

A. White

- 3.
- Date of Birth.*

the 9th of August 1883.

- 4.
- Place of Birth, (Street and Number)*

317. Hamburg-Street.

5. *Full Name of Mother.*

Christina Barbara Koch.

6. *Mother's Maiden Name,*

Heusler.

- 7.
- Mother's Birthplace.*

Knielingen. Baden. Germ. m. n. g.

8. *Full Name of Father,*

John Koch.

- 9 *Father's Occupation,*

Carpenter.

- 10.
- Father's Birthplace*

Rauhenberg, Hessen-Passau Germany.

Name of Medical Attendant, or other Person who makes this Return

Prof. Mining

Address.

1. Samstag 11. Okt.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

5108

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

34 of August

4. Place of Birth, (Street and Number)

45

Ridgely St

5. Full Name of Mother.

Margareta Niemann

6. Mother's Maiden Name,

Margareta Dammann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adam Niemann

9. Father's Occupation,

Grocer & Provisioner

10. Father's Birthplace.

Hannover Germany

Name of Medical Attendant, or other Person who makes this Return

Rüff Mühl

Address,

1 Lauenfult Str

Remarks,

When any person, making delivery the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65109

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 3rd 83
4. Place of Birth (Street and Number) 2819 Mount St
5. Full Name of Mother Maria Brooks
6. Mother's Maiden Name Full
7. Mother's Birthplace Maryland
8. Full Name of Father Wm C Brooks
9. Father's Occupation Carpenter
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Wm D. Harris M.D.
- Address Co. Tucker, Howard St.
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

Female

W. D.

Aug. 4th 1883

66 N. Caroline

Mary E. Stewart

" " Martin

Baltimore City, Md.

Amos B. Stewart

Police man

Baltimore City, Md.

J. L. Martin
47 S. Broadway



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3rd Child

Male

White

August 4

No 331 Lexington St

Mrs Mary Ruppert

Mary Thomas

Berding Germany

Mr Henry Ruppert

U.S. Marshal

Schwarzh Germany

Dr J. M. Munn

1 S. D. Ansell Street

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15112

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 4 1883*

4. Place of Birth, (Street and Number) *18 Robinson street*

5. Full Name of Mother, *Christina Holston*

6. Mother's Maiden Name, *Christina Rose*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John Holston*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Stafford County*

Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Gullens*

Address, *104 Hurley street canton*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65113

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 4th 1883

4. Place of Birth, (Street and Number)

32 Wilson St

5. Full Name of Mother.

Eliza Lyons

6. Mother's Maiden Name,

McCoy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

M. J. Lyons

9. Father's Occupation,

Chester

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Wm. J. Lyons

Address,

32 Wilson St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG
10
1883

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

Aug 7 1883

No 4 Bolton Alley

Marionetta Head

Neether

Baltimore

Philip Head

cigar Maker

Dania

E. Schmitt

No 348 Penn Ave

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 1st 1883

4. Place of Birth, (Street and Number)

Baltimore Gilman St. 72

5. Full Name of Mother,

Josephine Haney

6. Mother's Maiden Name,

" High

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Haney

9. Father's Occupation,

Machinist

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. E. Mitchell

Address,

N^o 58 Parkin St.

Remarks,

RETURN OF A BIRTH 65117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name, William Gottlieb Arand

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 4th 1883.

4. Place of Birth, (Street and Number) No 28 Cutting St.

5. Full Name of Mother, Rose Arand

6. Mother's Maiden Name, Handloser

7. Mother's Birthplace, Baden.

8. Full Name of Father, Vital Arand.

9. Father's Occupation, Piano Maker.

10. Father's Birthplace, Baden.

Name of Medical Attendant, or other Person who makes this Return E. Schmitt

Address, No 348 Pine St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother, or of any person or persons within the period above prescribed, to cause the birth and death of the child to be registered, and any person or persons who fail to comply with the provisions of this act, or who make a false statement, shall be subject to a fine of ten dollars, or to imprisonment in the city or county jail, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 4
4. Place of Birth, (Street and Number) ctd 387 Eastern st
5. Full Name of Mother, Sarah Ellen Landine
6. Mother's Maiden Name, Pritchard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel L Landine
9. Father's Occupation, Cannemaker
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return Sarah S Flaxington
Address, ctd 387 Eastern st
Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 4 August

4. Place of Birth, (Street and Number) 10 Lew St.

5. Full Name of Mother, Teresa Gibson

6. Mother's Maiden Name, Millson

7. Mother's Birthplace, Balt.

8. Full Name of Father, Nathan Gibson

9. Father's Occupation, Butler

10. Father's Birthplace, Princeton

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Allig

48 Hollis St.

Balt.

Med

GIVEN NAME 1938 6-16-54
RETURN OF A BIRTH.

6-5120

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Lottie Lawson



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race)

3. Date of Birth *August 14 1883*

4. Place of Birth (Street and Number) *Baltimore, Pridgely St. 1144*

5. Full Name of Mother *Elmire Lawson*

6. Mother's Maiden Name *Elmire Pender*

7. Mother's Birthplace *Sharpsburg Md. D.*

8. Full Name of Father *Henry Lawson*

9. Father's Occupation *Charcoal Dealer*

10. Father's Birthplace *New York City*

Name of Medical Attendant, or other Person who makes this Return *Mrs. M. Staffer*

Address *No. 114 Pridgely*

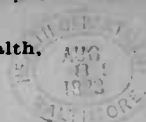
Remarks

born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. Name, sex, and date of birth of child, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 eight*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *August 4 - 1883*
4. Place of Birth, (Street and Number) *16 Columbia St*
5. Full Name of Mother, *Sarah Blondheim*
6. Mother's Maiden Name, *Sarah Weinberg*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Ottolphe Blondheim*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Germany*
Name of Medical Attendant, or other Person who makes this Return *Mrs. Kunigunda Schaefer*
Address, *20 Columbia St*
Remarks,

of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65122

To the Office of Registrar of Vital Statistics, Board of Health, ^{AUG}
⁸
BALTIMORE CITY. ¹⁹⁰³

3.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

4th of August 1883

4. Place of Birth, (Street and Number)

26 Mount St.

5. Full Name of Mother,

Amelia Jacobs

6. Mother's Maiden Name,

M. Hoffman

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Charles E. Jacobs

9. Father's Occupation,

Cash and Blinds

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this return

Miss Miller

Address, 1817

W. Pratt St.

Remarks.

RETURN OF A BIRTH

60123

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

AUG
8
1893

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex. (state whether male or female)

Male

2. Race or Color. (if not of the white race)

White

3. Date of Birth.

4th Day August

4. Place of Birth. (Street and Number)

1212 Gest St. Baltimore Md

5. Full Name of Mother.

Mollie Joyner

6. Mother's Maiden Name.

Mollie Green

7. Mother's Birthplace.

Hartford Co

8. Full Name of Father.

James W. Joyner

9. Father's Occupation.

Laborer

Father's Birthplace.

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Jessie Morgan

Address,

47 North Durham St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *4th of August*
4. Place of Birth, (Street and Number) *67 Spring St.*
5. Full Name of Mother, *Emma C. Kennard*
6. Mother's Maiden Name, *Emma C. Berry*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Thomas L. Kennard*
9. Father's Occupation, *Labor work*
- Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mary Walter

120 N. Caroline St.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4 August

4. Place of Birth, (Street and Number)

Harford road

5. Full Name of Mother,

Mary Santerbach

6. Mother's Maiden Name,

Bess

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Santerbach

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard street

Remarks,

certification between the first and third day of each and every month to the Board of Health, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or person having charge of such child to report the birth to the Board of Health, in the manner, and within the period above prescribed. In the cases of the birth and death of premature children, and of still-born children, the parents or persons having charge of such children shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

75/120
SEP 2
AUG
7
1883
BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth, ...

5. Place of Birth, (Street and Number)

6. Full Name of Mother, ...

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Dealia Jennings

White Male

December 10 1882

Troster Alley 71

Dealia Jennings

Owen Clark

102 The City

Baltimore

Amelia Banks

89 Camels Alley



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.) *male*

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

December 13th 1882

4. Place of Birth, (Street and Number)

1920 Bolton St

5. Full Name of Mother,

Sarah Ann Christian

6. Mother's Maiden Name,

Sarah Ann Donald

7. Mother's Birthplace,

Calvert Co Md

8. Full Name of Father,

Henry C. Christian

Father's Occupation,

Labourer

10. Father's Birthplace,

New Kent Co Va

Name of Medical Attendant,

or other Person who makes this Return

Amelia Banks

Address,

No 814 Canal Alley

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65138

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female
Colored Child

The 22 of January 1883

on Franklin Street no 114

Jenna G. Glaters

Richmond, Va.

Martin Glaters

Shoemaker of Richmond Va.

Amelia Barrs

84 Cornelia St

She is a good nurse Baltimore Md.

RETURN OF A BIRTH

65129

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

9. of Child of Mother, (state whether 1st, 2d, 3d, etc.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May the 3d*

4. Place of Birth, (Street and Number) *16 Hamelton Street*

5. Full Name of Mother, *Louvinia Slaughter*

6. Mother's Maiden Name, *Louvinia Hill*

7. Mother's Birthplace, *Oxford Maryland*

8. Full Name of Father, *Wm James Hill*

Father's Occupation, *Driver*

10. Father's Birthplace, *Cambridge M.D*

Name of Medical Attendant, or other Person who makes this Return *Amelia Banks*

Address, *89 Camel Alley*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Joseph Dennis Boston

Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Male
Colored.

2. Race or Color, (if not of the white race)

3. Date of Birth, ...

December 3rd 1882.

4. Place of Birth, (Street and Number)

293 North Eutaw Street

5. Full Name of Mother, ...

Mary J. Boston

6. Mother's Maiden Name,

Mary J. Fletcher

7. Mother's Birthplace,

Accomac County Virginia

8. Full Name of Father,

Simon Boston

Father's Occupation,

Driver

10. Father's Birthplace,

West River. A. A. County. M. D.

Name of Medical Attendant, or other Person who makes this Return

Amelia Banks
89 Canal Alley.

Address, ...

GIVEN NAME ADDED 4-2-54

Remarks,

h.m.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

Colored

4. Date of Birth,

19 of November

5. Place of Birth, (Street and Number)

Camel Alley 89

6. Full Name of Mother,

Mary Grant

7. Mother's Maiden Name,

Mary Barton

8. Mother's Birthplace,

Annapolis Md D

9. Full Name of Father,

John Grant

10. Father's Occupation,

Baggage Porter

11. Father's Birthplace,

Cincinnati

Name of Medical Attendant, or other Person who makes this Return

Melie Banks

Address,

81 Camels Alley

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Sunday Oct 29 1882*
4. Place of Birth, (Street and Number) *31 E. Foster St. City*
5. Full Name of Mother, *Hannah St. Hooks*
6. Mother's Maiden Name, *Hannah St. Banton*
7. Mother's Birthplace, *Baltimore City Md*
8. Full Name of Father, *Harriet H. Hooks*
9. Father's Occupation, *Welder*
10. Father's Birthplace, *Baltimore Co*
- Name of Medical Attendant, or other Person who makes this Return *Amelia Banks*
- Address, *89 Canal St. City*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Annie Maria Thomas

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

September 7 1892



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, No 347 N Howard St September 7 1892

4. Place of Birth, (Street and Number) No 347 N Howard St

5. Full Name of Mother, Caroline Thomas

6. Mother's Maiden Name, Caroline Griffith

7. Mother's Birthplace, Elliott City Howard County

8. Full Name of Father, Wm H Thomas

9. Father's Occupation, Driver

10. Father's Birthplace, Wheeling West Virginia

Name of Medical Attendant, or other Person who makes this Return Emily Banks

Address, No 89 Camell Alley

Remarks, GIVEN NAME ADDED. 2-18-52. Baltimore

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who make this Return

Address,

Remarks,

Male.
Colored.
born Sept 3rd 1882.
23. Pearson Alley.
Anne Acknowled.
Anne Squidre.
Baltimore country.
Robert Acknowled.
Coachman.
Baltimore city.
Emilia Banks.
87. Camel Alley.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 25 1892

4. Place of Birth, (Street and Number)

Baltimore City 102 Houston St

5. Full Name of Mother,

Lucia G. Thomas

6. Mother's Maiden Name,

Lucia G. Thomas

7. Mother's Birthplace,

Worcester County

8. Full Name of Father,

James P. Campbell

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Providence R.I.

Name of Medical Attendant, or other Person who makes this Return

Ellen A. Banks

Address,

14 Canal St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

black

3. Date of Birth,

June 16 1882

4. Place of Birth, (Street and Number)

287 North Euter street

5. Full Name of Mother,

Jennie Johnson

6. Mother's Maiden Name,

Jennie Butler

7. Mother's Birthplace,

Charles County Md

8. Full Name of Father,

George W Johnson

9. Father's Occupation,

labor

10. Father's Birthplace,

Price Frederick Calvert County Md

Name of Medical Attendant,

or other Person who makes this Return

Melba Banks

Address,

Camel Alley

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *25th March 1882*

4. Place of Birth, (Street and Number) *Baltimore City 611 Little alley*

5. Full Name of Mother, *Willa Smothers*

6. Mother's Maiden Name, *Baltimore County*

7. Mother's Birthplace, *London Potomac*

8. Full Name of Father, *Walter*

9. Father's Occupation, *Eastern Shore*

10. Father's Birthplace, *Melba Banks*

Name of Medical Attendant, or other Person who makes this Return

Address, *8th Camel alley*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

March 18. 1881

4. Place of Birth, (Street and Number)

Oxford Street No. 73

5. Full Name of Mother,

Lennie C. Whisley

6. Mother's Maiden Name,

Baltimore City Md.

7. Mother's Birthplace,

Joseph. Kellie

8. Full Name of Father,

Driver

9. Father's Occupation,

Lancaster Virginia

10. Father's Birthplace,

Banks

Name of Medical Attendant, or other Person who makes this Return

melia

Address, 89 Camel Alley

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Male
Colored
March 25th 1882
465 Foster Ave
Mary E. Cottman
" " Foote
Baltimore Md
Chas. W. Cottman
Driver
Princess Anne Md

Name of Medical Attendant, or other Person who makes this Return
Address,
Remarks,

Melia Banks
89 Canal Alley

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

Colored

April the 4 1882

Morris Alley No 27

Lydian A. W. Brown

Lydian A. W. Wilson

Baltimore City

Samuel N. Brown

Laborer

Annapolis MD

Medea Banks

89 Carmel Alley

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *May 11 1882*

4. Place of Birth, (Street and Number) *Baltimore City camel alley 64*

5. Full Name of Mother, *Ellen Simes*

6. Mother's Maiden Name, *Ellen Smothers*

7. Mother's Birthplace, *Anderrandel County*

8. Full Name of Father, *John Simes*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Anderrandel County*

Name of Medical Attendant, or other Person who makes this Return *Melia Banks*

Address, *89 Camels Alley*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored.

3. Date of Birth, March 27 1882

4. Place of Birth, (Street and Number) 26 Jenkins Alley

5. Full Name of Mother, Ellen Wilson

6. Mother's Maiden Name, Ellen Wooden

7. Mother's Birthplace, Andoverland County

8. Full Name of Father, Thomas Wilson

9. Father's Occupation, waiter

Father's Birthplace, West River

Name of Medical Attendant, or other Person who makes this Return Melie Banks

Address, 89 Camel Alley

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Sex, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

5 of January 1880

4. Place of Birth, (Street and Number)

Frederic St 52

5. Full Name of Mother,

Ellen Owens

6. Mother's Maiden Name,

Ellen James

7. Mother's Birthplace,

Hampton Virginia

8. Full Name of Father,

John Owens

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Hampton Virginia

Name of Medical Attendant, or other Person who makes this Return

Amelia Barker

Address,

89 Canal St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH, 15144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 5 o'clock PM Saturday Aug 4th 1883

4. Place of Birth, (Street and Number) 124 Chesapeake St

5. Full Name of Mother Susie E Wilkinson

6. Mother's Maiden Name Susie E Donnell

7. Mother's Birthplace Baltimore Co Patuxent Neck

8. Full Name of Father W J Wilkinson

9. Father's Occupation Bookster

10. Father's Birthplace Baltimore Co

Name of Medical Attendant, or other Person who makes this Return J C Richardson MD

Address 28 C Donnell St

Remarks Natural labor head presentation Unusual large child

10th both mother & child are doing well now

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *♀*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Aug 4 1883*

4. Place of Birth, (Street and Number) *236 W. Pratt St.*

5. Full Name of Mother, *Maria Ann Deems,*

6. Mother's Maiden Name, *Collins-*

7. Mother's Birthplace, *Pa.*

8. Full Name of Father, *Thomas B. Deems*

9. Father's Occupation, *Mechanic,*

10. Father's Birthplace, *Balto. City,*

Name of Medical Attendant, or other Person who makes this Return *J. L. Doyle M.D.*

Address, *2517 Sawdust St.*

Remarks,



certification between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur within the above specified period, the father or mother of such child, or the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period as required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 4th 1883

4. Place of Birth, (Street and Number)

Baltimore Bolins St N^o. 108

5. Full Name of Mother,

Caroline Bockman

6. Mother's Maiden Name,

Sanoskey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Bockman

9. Father's Occupation,

Printer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N^o. 38 Parkin St

Remarks,

In case the birth of any child shall occur without the attendance of a professional midwife, or should no other person be in attendance upon the mother, immediately thereafter the duty of the parent or parents or such child to report its birth to the Board of Health in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars or such other sum, to be recovered as other laws and regulations may provide.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 4th 1883

4. Place of Birth, (Street and Number)

No. 326 Sharp st.

5. Full Name of Mother,

Elizabeth Deck

6. Mother's Maiden Name,

Banghart

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Martin Deck

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife
330 Hanover st.

Address,

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at a distance upon the mother, immediately thereafter, in the presence of the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner provided within the period above required, except in the cases of the births and deaths of illegitimate children, and when the parent or parents shall prefer to file a declaration that the child is illegitimate, and that the child is subject to a fine of ten dollars, and that the child is illegitimate, in the discretion of the Board of Health, the declaration shall be subject to a fine of ten dollars, and the child is illegitimate, in the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 4th 1893

4. Place of Birth, (Street and Number)

No. 246 Battery av.

5. Full Name of Mother,

Eophie May

6. Mother's Maiden Name,

Hollenbach

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

John May

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

J. Schrock midwife

Address,

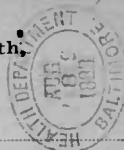
330 Hanover st.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Saturday Aug 4th

4. Place of Birth, (Street and Number)

43 Courtland St-

5. Full Name of Mother,

Mrs Britton

6. Mother's Maiden Name,

Hunt

7. Mother's Birthplace,

England

8. Full Name of Father,

George Britton.

9. Father's Occupation,

Shoemaker & Musician

Father's Birthplace,

(11) England

Name of Medical Attendant, or other Person who makes this Return

Dr E. S. Thomas

Address

47 N. Fayette St.

Remarks

Testimony between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a midwife, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

August 14/83

519 Franklin St

Annie Schlegel

Meinhardt

Baltimore

Carl Schlegel

Storekeeper

Baltimore

Mrs L. Kraft

236 Canton Ave

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ *2nd*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White Race*

3. Date of Birth, *August 4th*

4. Place of Birth, (Street and Number) *No 21 Ramsay St Baltimore*

5. Full Name of Mother, *Ursula Jane Berry*

6. Mother's Maiden Name, *Ursula Jane Sheppard*

7. Mother's Birthplace, *Baltimore MD*

8. Full Name of Father, *John Berry*

9. Father's Occupation, *Furniture varnisher*

10. Father's Birthplace, *Baltimore MD*

Name of Medical Attendant, or other Person who makes this Return *Mrs Quinter*

Address, *60 N. Schroeder St.*

Remarks,

of the parents, and the maiden name of the mother of such child or children."

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should for other person be in at a child, the mother, immediately thereafter, it shall then become the duty of the person so attending the mother, to report the birth of the child to the Registrar of Births and Deaths, within the period above prescribed, and to comply with the provisions of the law relating to the registration of births and deaths of children, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August the 4th*
4. Place of Birth, (Street and Number) *98 Madison Ave*
5. Full Name of Mother, *Catherine Roseanna Holtz 198*
6. Mother's Maiden Name, *Marker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry Clay Holtz*
9. Father's Occupation, *Gas fitter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Susan McCready*
- Address, *198 Madison Ave*
- Remarks, *Susan McCready*

RETURN OF A BIRTH

15113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 August

4. Place of Birth, (Street and Number) 117 North Street

5. Full Name of Mother, Magdalena Seebach

6. Mother's Maiden Name, Magdalena Eis

7. Mother's Birthplace, Deutschland

8. Full Name of Father, Lorenz Seebach

9. Father's Occupation, Schreiber

Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return Dr. J. H. M. M. M.

Address, 1 S. Davidson St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

Place of Birth, and the said certificate shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In cases the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the mother or the father, or the person who has charge of the child, shall then become the duty of the practitioner of midwifery, or of a nurse, to attend the child, and to report the birth of the child to the Board of Health, within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 5th 1883

4. Place of Birth, (Street and Number) 372 E. Fayette St.

5. Full Name of Mother, Mary Hasselhorst

6. Mother's Maiden Name, Schneider

7. Mother's Birthplace, City

8. Full Name of Father, Carl Hasselhorst

9. Father's Occupation, Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth Betz

Address, 920 Bank St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 5th 1883*

4. Place of Birth, (Street and Number) *308 W Pratt St.*

5. Full Name of Mother *Lena Hertz*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Czechoslovakia*

8. Full Name of Father, *Isaac Hertz*

9. Father's Occupation, *Tailor*

● Father's Birthplace *Czechoslovakia*

Name of Medical Attendant, or other Person who makes this Return

Address, *113 E Lombard St.*

Remarks,



1576

any person or persons shall hereafter fail to comply with the provisions of this legislative act, such offender, in addition to the punishment herein provided, shall be subject to a fine of not less than \$100 nor more than \$500, and such fine shall be recoverable.

North. (4).

AUG
16
1993

Female.

1983
15-1-1983

August 5th 1883

175 Hollington Ave.

Margareth Fuchs.

Markareth Hissel

Hofstädten, Bayern, Germany

John Fuchs

Laboter.

Hofstädter, Bayern.

or other Person who makes this Return *Chris Wiley*

No 12 Patterson Park Dr.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white race*
 3. Date of Birth, *August the Fifth*
 4. Place of Birth, (Street and Number) *272 - Baltimore Street*
 5. Full Name of Mother, *Mary Padden*
 6. Mother's Maiden Name, *Mary Kelley*
 7. Mother's Birthplace, *Birthplace Ireland*
 8. Full Name of Father, *Patrick Padden*
 9. Father's Occupation, *laborer*
 10. Father's Birthplace, *Birthplace Ireland*
 Name of Medical Attendant, or other Person who makes this Return
 Address, *117 - Thurgate*
 Remarks, *117 - Thurgate Street*
Wm. H. Harte



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 5, 1883*

4. Place of Birth, (Street and Number) *58 Duncan St*

5. Full Name of Mother, *Ann Leakey*

6. Mother's Maiden Name, *Roorden*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thomas Leakey*

9. Father's Occupation, *~~Ireland~~ tireman*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Kelly*

Address, *No 12 Patterson Park av*

Remarks,



in case the
practitioner of midwifery, or
shall then become the
Board of Health, and
children shall be subject
are recoverable.

RETURN OF A BIRTH

65119

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG
16
1883

of the parents, and the maiden name of the mother of such child or children."

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Elorentz*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *August 5th 1883*
 4. Place of Birth, (Street and Number) *No. 721 Aliceanna Street*
 5. Full Name of Mother, *Mrs. Martha Hoffmann*
 6. Mother's Maiden Name, *Miss Martha Sanford*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Mrs. John Hoffmann*
 9. Father's Occupation, *Labourer*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other Person who makes this Return, *Mrs. Rachel A. Tamm*
 Address, *No. 65 Burke St.*
 Remarks,

In case the birth of a child shall occur within the limits of the City of Baltimore, and the birth of any child shall occur within the limits of the County of Baltimore, the person or persons who shall be the cause of the birth of such child in the manner, and within the period above specified, shall be liable to pay to the Board of Health, for the purpose of defraying the expenses of the Board of Health, in the manner, and within the period above specified, a sum of ten dollars for each child, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
August 5th 1883

147 Columbia
Rd., Upper

" Johnson
Baltimore

Wm. J. Feiner
Painter

Baltimore

Theodore C. C. C. C. C.
146 Hanover St.



RETURN OF A BIRTH

61161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG 10 1883

AUG 10 1883

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 5th 1883

4. Place of Birth, (Street and Number) 412 9th Street

5. Full Name of Mother, L. A. L. L. L.

6. Mother's Maiden Name, L. A. L. L. L.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, W. H. L. L. L.

9. Father's Occupation, Car Mechanic

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Theron G. L. L.

Address,

Remarks,

RETURN OF A BIRTH

15162

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5th of August*
4. Place of Birth, (Street and Number) *No 12 prices place*
5. Full Name of Mother, *Mary Ellen Stick*
6. Mother's Maiden Name, *Mary Ellen ~~Stick~~ Callaghan*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Charles W Stick*
9. Father's Occupation, *Stone Cutter*
- Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who make this Return *Mrs Woodson*
- Address, *120 Greenmount ave*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 5 August

4. Place of Birth, (Street and Number) 108 Baltimore St.

5. Full Name of Mother, Luise Brandt

6. Mother's Maiden Name, Booth

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Brandt

9. Father's Occupation, Clerk

Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Rosa Allig
48 Thelland
St. Balt.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 5 August

4. Place of Birth, (Street and Number) 153 N. Central ave.

5. Full Name of Mother, Rose Armiger

6. Mother's Maiden Name, Lesser

7. Mother's Birthplace, Balt.

8. Full Name of Father, Peter Armiger

9. Father's Occupation, carriage maker

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Lilly

Address, 48 Hollman St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, August the 5th
4. Place of Birth, (Street and Number) Baltimore fort at No 39
5. Full Name of Mother, Alberta Johnson
6. Mother's Maiden Name, Bennier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ellsworth Johnson
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Elisabeth Hawthorn
- Address, William st No 39
- Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons, or persons, to report the birth of the child to the Board of Health, in the manner, and within the period above required, except in the cases of the birth of illegitimate children, and any person or persons who fail to comply with the provisions of this act, shall be liable to a fine of ten dollars to a fine of ten dollars.



RETURN OF A BIRTH

65166

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 4

1. Sex, (state whether male or female)..... female

2. Race or Color, (if not of the white race)..... Colored

3. Date of Birth, Sunday 5 1883

4. Place of Birth, (Street and Number) No 24 Kenter st

5. Full Name of Mother, Sarah White

6. Mother's Maiden Name, Sarah Polley

7. Mother's Birthplace, as per mar. Co. N. A.

8. Full Name of Father, Charles Polley

9. Father's Occupation, Labour

10. Father's Birthplace, Baltimore Co. M. D.

Name of Medical Attendant, or other Person who makes this Return. Guley Dixon

Address, No 66 Church st

Remarks, none

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 5th

267 St. Paul St

4. Place of Birth, (Street and Number)

at

5. Full Name of Mother,

Alice Lee Thomas

6. Mother's Maiden Name,

Whitridge

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wong Lee St. Thomas

9. Father's Occupation,

Bank Cashier

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Wm Whitridge

of the parents, and the maiden name of the mother of such child or children.

Baltimore City

1283

Remarks:

relationship between the child and the mother, immediately thereafter, if it can be shown that the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified in the practice of midwifery, then the mother of such child should no other person be in attendance upon the mother, immediately thereafter, if it can be shown that the duty of the parent or parents of such child to report the birth and death of illegitimate children, and within the period allowed by law for the purpose, shall be deemed to have been duly performed, and such offender, full to comply with the provisions of this section shall be subject to a fine of not less than five dollars, nor more than ten dollars, and such offender, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th

Female

White

August 5th / 83

No 134 S. Eden St.

M. Munn

M. C. Neal

Ireland

Simon Munn

laborer

Ireland

Mrs. A. J. Munn

No 134 S. Eden St

(City)

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65770

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1883
8
1883

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 5th 1883*

4. Place of Birth, (Street and Number) *No. 12 Wolf st.*

5. Full Name of Mother *Kate Wiseman*

6. Mother's Maiden Name, *Betz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Wiseman*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs C. Bernstein*

Address *1136 Lombard st.*

Remarks,

[illegible]

Remarks, _____ 1

Accordingly, between the first and third day of each and every month to the first of March, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of any parent or person in attendance upon the mother, to call upon the Board of Health, in the manner, and within the period above provided, except in the case of the birth of a child of illegitimate children, and shall thereafter fail to comply with the provisions of this act, shall be liable to a fine of not less than one hundred dollars, nor more than five hundred dollars, and shall be subject to a prison term of not less than thirty days, nor more than ninety days, or both such fine and such imprisonment, at the discretion of the court.

Baltimore City
AUG 7 1983
BALTIMORE

22

- Female
White
5 May 1883
331 H. Ann.
Mary Coughlan
" Kelly
Meland
Lamm, Coughlan
Coal Dealer
Hazelton
A. H. D. 1883

or other Person who
makes this Return

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2^d. *Twins*
1. Sex, (state whether male or female)..... *Twin Boys (male)*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *August 5th 1883*
4. Place of Birth, (Street and Number)..... *404 East Pratt St*
5. Full Name of Mother,..... *Mrs Elizabeth Brown*
6. Mother's Maiden Name,..... *Elizabeth Bullock*
7. Mother's Birthplace,..... *Baltimore Md*
8. Full Name of Father,..... *Charles Brown*
9. Father's Occupation,..... *Coal Business* ✓
10. Father's Birthplace,..... *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return..... *Dr C B Cary M.D.*
- Address,..... *12 E Broadway Pratt*
- Remarks,

of the parent, and the maiden name of the mother, and the time of the birth of the child.

RETURN OF A BIRTH

65174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 5th 1883

4. Place of Birth, (Street and Number)

Baltimore Woodward, at No. 6

5. Full Name of Mother,

Elizabeth Mackwith

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Mackwith

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkin St.

Remarks,

with any child shall occur without the attendance of a physician, or of a transferee of midwifery, who shall no person to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall knowingly or recklessly fail to comply with the provisions of this section, shall be liable to a fine of not less than five dollars, nor more than twenty dollars, and such offense to be recovered as other fines and penalties are recoverable.

141
F.V.V.V.
F.V.V.V.

2nd Child
Female

Female

HEALTHY

Aug 5th 1883

26, 195 Battery, av.

Isabella Schepith

Bushman

America
John Smith
Chincarron

Supercarpenter,

Germany. America.

J. Schwaiber. midwife
331 Hanover st.

Address.

CITY PRINTERS AND STATIONERS.

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by the Board of Health, the mother, immediately hereafter, it shall then become the duty of the mother, or of the person so authorized, to file a certificate of birth with the Board of Health, within the period above specified, and to pay the fee thereon. If the mother, or the person so authorized, fail to comply with the provisions of this act, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Aug 5th 1885*
4. Place of Birth, (Street and Number) *Gibbs Court - East St. No*
5. Full Name of Mother, *Annie Boon*
6. Mother's Maiden Name, *Annie Youke*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Morrison Boon*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Harriett Jackson*
- Address, *No 5 - Forrest St*
- Remarks,



RETURN OF A BIRTH

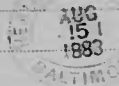
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 5 August 1887.
4. Place of Birth, (Street and Number) Balts. Durham St. 176.
5. Full Name of Mother, Anna Robert
6. Mother's Maiden Name, Anna Nasek.
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Robert Robert
9. Father's Occupation, Labourer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kaptish

Address, 89 W. Washington St.

Remarks, Mary Kaptish



Every person attending the birth of a child, or of a practitioner of midwifery, or who should be present at the birth of a child, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, if he or she neglects to make a return of the birth of such child to the Registrar of Vital Statistics, within the period above specified, except in the cases of the births and deaths of illegitimate children, and of still-born children, and of children born of women who are subject to recurrent miscarriages.

RETURN OF A BIRTH

65178

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Aug 21 1912

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

August 5th

5. Place of Birth, (Street and Number)

Bond st - 272

6. Full Name of Mother,

Mary J Wright

7. Mother's Maiden Name,

Mary J Johnson

8. Mother's Birthplace,

Norfolk Virginia

9. Full Name of Father,

James E Wright

10. Father's Occupation,

Plasterer

11. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Oliver

Address,

Remarks,

RETURN OF A BIRTH

65179

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 5th

4. Place of Birth, (Street and Number)

173 Lexington St

5. Full Name of Mother,

Marg L Mary Kitzmeyer

6. Mother's Maiden Name,

Spieker

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Jno Wm Kitzmeyer

9. Father's Occupation,

Custom Boots & Shoes

Father's Birthplace,

Herttenberg Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Lumbler

Address,

60 S. Schroeder St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

6.11.1883

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

75181

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 6th. 1883.

4. Place of Birth, (Street and Number)

61 E. Biddle St.

5. Full Name of Mother,

Mary E. Marshall.

6. Mother's Maiden Name,

Gaurley.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Joseph Marshall.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

John H. White, M.D.

Address,

342 N. Broadway.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65112

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 6th 1893

4. Place of Birth, (Street and Number)

7 Polomac Street

5. Full Name of Mother,

Ch. Betz

6. Mother's Maiden Name,

A. Strack

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wm Betz

9. Father's Occupation,

agriculturist

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Shellen

Address,

104 Broadway St. Canton

Remarks,

in this parents, and the names of the mother of the child of the child.

In case the birth of any child should occur without the attendance of a physician, or of a midwife, or of a nurse, or of any other person, the duty of the parent or person in charge of such child to report its birth to the Board of Health, in the manner and within the period above prescribed, shall be the same as if the child had been born in a hospital, or in a private residence, or in any other place, and the parent or person in charge of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 6th 1883

4. Place of Birth, (Street and Number)

350 S. Alice Avenue

5. Full Name of Mother,

Wilhelmina Hook

6. Mother's Maiden Name,

Heiser

7. Mother's Birthplace,

8. Full Name of Father,

George Hook

9. Father's Occupation,

Porter

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs. Elizabeth Betz

Address,

120 Polk St.

Remarks,

in case the mother dies, the child shall be placed in the care of the Board of Health, and the Board of Health shall be responsible for the child until it is recovered, and the Board of Health shall be responsible for the child until it is recovered, and the Board of Health shall be responsible for the child until it is recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, August 6th 1883

4. Place of Birth, (Street and Number) 172 Eastern Ave

5. Full Name of Mother, Emma Estreich

6. Mother's Maiden Name, Bruchl

7. Mother's Birthplace, City

8. Full Name of Father, Michael Estreich

9. Father's Occupation, Shoemaker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth B. B.

Address, 120 Park St.

Remarks, _____



Copy of the parent or parents of such child to report to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 6th 1898

4. Place of Birth, (Street and Number)

4111 Gheen St

5. Full Name of Mother,

Mary Sauer

6. Mother's Maiden Name,

M. Bunker

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Philip Sauer

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Wm. D. McLaughlin

Address,

182 E. Lombard St.

Remarks,

RETURN OF A BIRTH

1886

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 6, 1883

4. Place of Birth, (Street and Number)

770 W. Baltimore

5. Full Name of Mother,

Mary Louise Smith

6. Mother's Maiden Name,

O'Connor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry M. Smith

9. Father's Occupation,

Receiving Clerk A. & S. Co.

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

John Hood

Address,

322 Hollins St.

Remarks,

very large, fine baby

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 6th 1883

4. Place of Birth, (Street and Number)

459 East Ave
Sorgona Sister

5. Full Name of Mother,

Reacock

6. Mother's Maiden Name,

Bathin Ad

7. Mother's Birthplace,

Benjamin Sister

8. Full Name of Father,

Breakman R Road

9. Father's Occupation,

Baltimore Md

10. Father's Birthplace,

E. Millman, Md
33 E. 11th St

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

65788

AUG
17
1893

—*Scrothi*.

Phil.

AUG
17
1893

Account-6/1883

290 H. Beau, M.

Sophia of Denmark

Dr. J. H. H. H.

Brilliance

Jacob E. Shrock

Rich. L. L.

Continued

C. Hany. et C. Almond

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

61189

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG
14
1883

Within six days of the birth, the mother, or other Person who makes this Return, shall fill up this form, and deliver it to the Registrar of Vital Statistics, who shall enter the same in the Register of Births, and shall also send a copy of the same to the Registrar of the County, and to the Registrar of the City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
 1. Sex (state whether Male or Female) *Male.*
 2. Race or Color (if not of the white race) *White.*
 3. Date of Birth *August 6th 1883.*
 4. Place of Birth (Street and Number) *194 Harlems Ave.*
 5. Full Name of Mother *Minnie Kate Payson.*
 6. Mother's Maiden Name *Minnie Kate Boulbourn.*
 7. Mother's Birthplace *Baltimore City.*
 8. Full Name of Father *Edgar A. Payson.*
 9. Father's Occupation *Saleman.*
 10. Father's Birthplace *Virginia.*
- Name of Medical Attendant, or other Person who makes this Return. *John W. Pennington M.D.*
- Address *134 Harlems Ave.*
- Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) colored
3. Date of Birth 6 August
4. Place of Birth (Street and Number) 2 Chart Court
5. Full Name of Mother Harriet Emma Freeman
6. Mother's Maiden Name Harriet Cornel
7. Mother's Birthplace Richmond County Va
8. Full Name of Father Benjamin Freeman
9. Father's Occupation Barber
10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Madam Anna Hoff
no 120 Chestnut St

When the child is born, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *wh*
3. Date of Birth, *Aug 6. 1883.*
4. Place of Birth, (Street and Number) *157 W. Biddle*
5. Full Name of Mother, *Louise G. Johnson*
6. Mother's Maiden Name, *" " Powell*
7. Mother's Birthplace, *Ind*
8. Full Name of Father, *J. Thomas Johnson*
9. Father's Occupation, *Cover*
10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other Person who makes this Return *G Lane Panyhill*

Address, *219 Madison ave*

Remarks, *Bailo*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period already required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

1892

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. Sex, (state whether male or female)

first child
male



2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

6 August

4. Place of Birth, (Street and Number)

Batery Avenue 212

5. Full Name of Mother,

Catherine Ward

6. Mother's Maiden Name,

Catherine Clements

7. Mother's Birthplace,

Baltimore Baltimore

8. Full Name of Father,

John Ward

9. Father's Occupation,

Occupation Farmer

10. Father's Birthplace,

Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return

John Thompson

Address.

10 Ford Street

Remarks.

South Baltimore

RETURN OF A BIRTH

65193

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

No. 13

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

August the 6th

4. Place of Birth, (Street and Number)

No. 7 point lane

5. Full Name of Mother,

Mary Ann Brooks

6. Mother's Maiden Name,

Mary Ann Johnson

7. Mother's Birthplace,

Prince George County

8. Full Name of Father,

William P. Carter

9. Father's Occupation,

Carter

10. Father's Birthplace,

Prince George Co

Name of Medical Attendant, or other Person who makes this Return

John Bayless

Address,

386 Sharps St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15194

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug. 6 1883

4. Place of Birth, (Street and Number) 202 Perry Alley

5. Full Name of Mother, Penicillie Trotter

6. Mother's Maiden Name, Penicillie Grant

7. Mother's Birthplace, St. Albans, Vermont, U.S.

8. Full Name of Father, James Trotter

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Asarian Baron

Address, 118 3rd Street, N.E.

Remarks, sound and healthy



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

65195

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth August 6th 1883
4. Place of Birth, (Street and Number) No. 4 Maple St.
5. Full Name of Mother Dea. Slain
6. Mother's Maiden Name Gifford
7. Mother's Birthplace Prussia
8. Full Name of Father Charles H. Slain
9. Father's Occupation Labourer
10. Father's Birthplace Prussia
Name of Medical Attendant, or other Person who makes this Return. James J. Jones
Address 634 Light St.
Remarks _____

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who fails to comply with the provisions of this section shall be subject to a fine not exceeding ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth, *August 6 1883*

4. Place of Birth, (Street and Number) *French Alley No 13*

5. Full Name of Mother, *Martha Bradley*

6. Mother's Maiden Name, *Martha Gibson*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *James Gibson*

9. Father's Occupation, *porter & hawker*

10. Father's Birthplace, *Western*

Name of Medical Attendant, or other Person who makes this Return *Midwife*

Address, *11 Berg Chase*

Remarks, *No 11 Grindell Court*



RETURN OF A BIRTH 65197

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 6, 1882

4. Place of Birth, (Street and Number) 107 E. 1st St. Baltimore, Md.

5. Full Name of Mother, Henrietta Brighton

6. Mother's Maiden Name, Henrietta Bennett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Brighton

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Fash

Address, 107 Johnson St. Baltimore, Md.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

[illegible]

65198

101 C. h. in DE. h. i.

Page:

AUG
14
1883

white

August 6th

101 Cambridge Street

Margaret Apple

ingless

Bassmore

John W. Smith

.....

12

Indonesian Language

202. P. Dallas' Stray

the premature teeth.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twins 2nd Child dead.*

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

August 6th.

4. Place of Birth, (Street and Number)

101 Cambridge Street.

5. Full Name of Mother,

~~King~~ Margarette Apel.

6. Mother's Maiden Name,

Singleness.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

=

9. Father's Occupation,

=

10. Father's Birthplace,

=

Name of Medical Attendant, or other Person who makes this Return

Friedricka Kaufmann

Address,

202 S. Dallas Street.

Remarks,

Premature Birth.

Verification, between the first and third day of each month, every physician, or of a practitioner of midwifery, or birth of any child shall appear without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above prescribed, except in the case of stillbirth, in which case the report shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6 August 1883.

4. Place of Birth, (Street and Number)

Balto. 3rd St No. 155

5. Full Name of Mother,

M. Primus

6. Mother's Maiden Name,

Mary Leakea

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Andrew Primus

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Kopsch

Address,

69 N. Washington St

Remarks,

Mary Kopsch

certified to, because the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should run other person be in attendance, or should any child be born, it shall then become the duty of the person so attending to report the birth to the Board of Health, in the manner, and within the time, and under the penalties, provided in the laws of this city, and in the case of illegitimate children, and of children born to persons who are married, the provisions of the laws of this city, and in the case of children born to persons who are married, the provisions of the laws of this city, shall be subject to a fine of ten dollars.

[illegible]

151
1983

5

Male

Whit

6 August 1853

292:

No. 272

Marg. Slutskayan

Bohanna

Go. Sincina

Taitor

Bohemian

Mary Skoptis

69 N. Washington

Mary Koplich

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15202

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *behind the fourth*
1. Sex (state whether Male or Female) *male*
2. Race or Color (if not of the white race) *colored*
3. Date of Birth *Aug 6 1883*
4. Place of Birth (Street and Number) *1211 Dallas St*
5. Full Name of Mother *Amanda Bennett*
6. Mother's Maiden Name *Amanda G. Bennett*
7. Mother's Birthplace *Saint Charles, Mo.*
8. Full Name of Father *William S. Bennett*
9. Father's Occupation *Driver on the Switch*
10. Father's Birthplace *W. of Mass. County*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. W. Duntun.*
- Address _____
- Remarks *in good health*

RETURN OF A BIRTH

65200

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parent, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Aug 1. 6. 1883

3. Date of Birth,

4. Place of Birth, (Street and Number).

443, W. Lanvale St

5. Full Name of Mother,

Mary Beran

6. Mother's Maiden Name,

Mc Caffrey

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Nicholas Beran

9. Father's Occupation,

Merchant

Father's Birthplace,

Balt.

Name of Medical Attendant,

or other Person who makes this Return

H. W. Tiebstrup M.D

Address,

57 Barclay

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at midnight, when the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and place, and under the penalties, and subject to the provisions of the Act, and the regulations of the Board of Health, and the subject shall be subject to a fine of ten dollars, or to be imprisoned, or to be restored, as other fines and penalties may be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 6th 1888*

4. Place of Birth, (Street and Number) *9 Little Pine St*

5. Full Name of Mother, *Mrs. Elizabeth Perry*

6. Mother's Maiden Name, *Elizabeth Kroger*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Perry*

9. Father's Occupation, *Little man*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. L. L. L.*

Address, *437 West 1st St*

Remarks, *(Mrs. Kate Leebeck)*



certificates between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother, to report the birth to the Board of Health, in the manner, and within the period above prescribed. In case of the death of the mother, or of the child, or of the person in attendance upon the mother, or of the person in attendance upon the child, the parent or person in attendance upon the mother, or the person in attendance upon the child, shall be responsible for a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *John Lewis Young*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 6th. 1883*

4. Place of Birth, (Street and Number) *W. St. near Gay St.*

5. Full Name of Mother, *Selina (Selina) Young*

6. Mother's Maiden Name, *" (Selina) Brown*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Fredrick Young*

9. Father's Occupation, *Milk Dairy*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this return *H. J. Bull*

Address, *No. 185 S. E. cor Central av. & Monument St.*

Remarks, *All Well*

105206

[illegible]

- ... OF THE PLANT AND STATICS.

FS207

[illegible]

- PRINTED AND STATIONED.

RETURN OF A BIRTH

1920

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Male

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

7th of August

4. Place of Birth, (Street and Number)

113 Baltimore St.

5. Full Name of Mother,

Mary Welsh

6. Mother's Maiden Name,

J. Pennells

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Peter Welsh

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Charlotte Grady

Address.

369 Cathedral St.

Remarks,

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *8th of August*
4. Place of Birth (Street and Number) *119 N. 2nd St*
5. Full Name of Mother *A. B. Watkins*
6. Mother's Maiden Name *M. A. Haskins*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *S. B. Watkins*
9. Father's Occupation *Lawyer*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. H. Haskins*
- Address *134 N. 2nd St*
- Remarks *only child*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 1st 1903*
4. Place of Birth, (Street and Number) *Thompson St. No. 119*
5. Full Name of Mother, *Haggie Peterson*
6. Mother's Maiden Name, *Haggie Nash*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Peter Bernhard Peterson*
9. Father's Occupation, *Manager of Piers*
10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return

Address, *St. Gallen St. No. 26*

Remarks,

Section 100. It shall be the duty of every mother or other person who has knowledge of the birth of any child to report the same to the Registrar of Vital Statistics, Board of Health, in the manner and within the time prescribed by law. Any person who fails to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

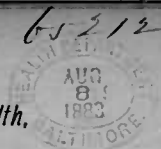
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *August 14th E. 1920*
4. Place of Birth, (Street and Number) *Gallop St. N. E. Co.*
5. Full Name of Mother, *Masine Sampson*
6. Mother's Maiden Name, *Masine Williams*
7. Mother's Birthplace, *Bald^o Lodge*
8. Full Name of Father, *George H. Sampson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Bald^o Lodge*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Hullon*
- Address, *Gallop St. N. E. Co.*
- Remarks,

Birth of any child shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the parent or person having the custody of the child, or by the medical attendant, or by the person who makes this return, within the period above required, except in the case of the birth of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 7th 1883

4. Place of Birth (Street and Number)

6611 Harper st

5. Full Name of Mother

Clara E. Lushy

6. Mother's Maiden Name

" " Walker

7. Mother's Birthplace

13 Baltimore Md

8. Full Name of Father

Thomas Lushy

9. Father's Occupation

Dea Captain

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. Cooke M.D.

Address

110 Fort av

Remarks

PAID

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c. 1400. Kind Zwielinge
Buh

Bub.

May 3

geboren 7^{ten} August

85 101 Cambridge St.

Herblich

Marguerite Apoc

Baltimore

Herzlich

Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*

Remarks, *H. 1000*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parent or parents of such child to report its birth to the Board of Health in the manner, and within the time, prescribed by the Board of Health. Any person who shall offend in failing to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 7th 1883
No. 754 Hanover st.
Charlotte Baerr

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Spengeld
Germany
William J Baerr.
Glassblower
Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

J. Schwarzer midwife
330 Hanover st.

Remarks,

65212

[illegible]

Remarks, *Marx, Oapts h*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 7th*

4. Place of Birth, (Street and Number) *381 Saratoga St*

5. Full Name of Mother, *Mrs. Wm A. Rubens*

6. Mother's Maiden Name, *Miss Edith Williams*

7. Mother's Birthplace, *P. V.*

8. Full Name of Father, *Mrs. Wm A. Rubens*

9. Father's Occupation, *Black*

10. Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Hill*

Address, *443 Franklin St*

Remarks,

been, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

804

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 7th 1898

4. Place of Birth, (Street and Number)

7 E. Monument St.

5. Full Name of Mother,

Kate Nientseh

6. Mother's Maiden Name,

Kate Giesler

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Georg Nientseh

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. H. A. Hill

Address,

182 E. Monument St.

Remarks,



within this period have required, except in the cases of the births and deaths of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should be attended upon the mother, immediately thereafter, it shall be deemed to be a birth, and the person so attending shall be liable to a fine of ten dollars, and shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d 7/1/1851

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7th of August

4. Place of Birth, (Street and Number)

142 Delmon Street

5. Full Name of Mother,

Antonia Johanna Oldenburg

6. Mother's Maiden Name,

Antonia Johanna Beckman

7. Mother's Birthplace,

Lochme Oldenburg

8. Full Name of Father,

Joseph Oldenburg

9. Father's Occupation,

Seaborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address, No. 12 Patterson Park Ave

Remarks,

RETURN OF A BIRTH

65219

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG
16
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 7th 1880

4. Place of Birth, (Street and Number)

No. 112 S. Durham St.

5. Full Name of Mother,

Mrs. Elizabeth Ruth

6. Mother's Maiden Name,

Miss Elizabeth Schlegel

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Joseph Ruth

9. Father's Occupation,

Car-maker

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Gamble

Address,

No. 21 Buick St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG
14
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2nd)*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Aug. 7th 1893*
 4. Place of Birth (Street and Number) *45 Orleans Street*
 5. Full Name of Mother *Bertha Sakolsky*
 6. Mother's Maiden Name *Bertha Gold*
 7. Mother's Birthplace *Europe*
 8. Full Name of Father *Samuel Sakolsky*
 9. Father's Occupation *Salesman*
 10. Father's Birthplace *Europe*
 Name of Medical Attendant, or other Person who makes this Return. *James C. Whitford M.D.*
 Address *195 - Disgrace Street*
 Remarks

Within six days thereafter, making distinctly the date of birth, sex, and name of the child, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15221

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPT
AUG
14 1
1883

Name: *Ethel Lura Roswell* **BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 7. 1883

4. Place of Birth (Street and Number)

136 McKim St

5. Full Name of Mother

Sarah Roswell

6. Mother's Maiden Name

Sarah Mercer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas Roswell

9. Father's Occupation

Letter Carrier

10. Father's Birthplace

Howard County

Name of Medical Attendant, or other Person who makes this Return.

B. F. Phillips M.D.

Address

311 W Lombard St

Remarks

within six days thereafter, stating distinctly the child of birth, sex, and color of the child of birth, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 7. 1883
4. Place of Birth (Street and Number) 35 Gehina Street
5. Full Name of Mother Elizabeth Smith
6. Mother's Maiden Name Elizabeth Rayner
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father James Smith
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City Md
- Name of Medical Attendant, or other Person who makes this Return. Catherine Riley
- Address 24 N. Walker
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



6th
Single
White
Aug 7th 1883
239, High St
Mary Schott
Geyhart
Baltimore
George Schott
Baker
Baltimore
Theodore Cooke M.D.

between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in at variance upon the mother, immediately thereafter, it shall then become the duty of this person to report its birth to the Board of Health. In this manner, and in accordance with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug 7, 1883

4. Place of Birth, (Street and Number)

288 Johnson St. Balt. Md.

5. Full Name of Mother,

Augustine Gilbert

6. Mother's Maiden Name,

Augustine English

7. Mother's Birthplace,

Westmoreland Co.

8. Full Name of Father,

Wm. Gilbert

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Northumberland Co. Virginia

Name of Medical Attendant,

or other Person who
attends this Return

Mrs. Nash.

Address,

107 9th St. Balt. Md.

Remarks,



parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

7 August

4. Place of Birth, (Street and Number)

57 E. Eager St

5. Full Name of Mother,

Lizzie Charles

6. Mother's Maiden Name,

North

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Frederick Charles

9. Father's Occupation,

Trimmer

10. Father's Birthplace,

Schultz

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Rosa Alliey

Address,

48 Halland St

Remarks,

Balt

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Aug 7 1883

4. Place of Birth, (Street and Number) 2210 Myrtle Alley

5. Full Name of Mother, Lula White

6. Mother's Maiden Name, Lula Eiler

7. Mother's Birthplace, Littleton Mills, Howard Co. Md.

8. Full Name of Father, George White

9. Father's Occupation, Lab. work

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return William G. Baker

Address, 2210 Myrtle Alley

Remarks, Sound and healthy

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *three*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *the 7 day of Aug 1893*

4. Place of Birth, (Street and Number) *Essex St no 12*

5. Full Name of Mother, *Ida Hayer*

6. Mother's Maiden Name, *Ida Tarry*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, *Winfield S Hayer*

9. Father's Occupation, *waterman*

Father's Birthplace, *Calumet*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 7th*

4. Place of Birth, (Street and Number) *No. 19 Granby St*

5. Full Name of Mother, *Anneline Tripp*

6. Mother's Maiden Name, *" " Huggins*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Tripp*

9. Father's Occupation, *Boiler-maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *Sophie Selmony*
No. 21 Granby St

Remarks,

placed in its form, and for each occurrence, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person duly qualified to attend in such cases, the mother, immediately thereafter, it shall then become the duty of the parent or persons so attending, to file a return of the birth of such child, in the manner and form provided for in this act, and to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery or of a nurse, and the parent or parents of such child to report its birth to the board of health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 7th.

4. Place of Birth, (Street and Number) N. E. 204 Granby St.

5. Full Name of Mother, Kate Strait

6. Mother's Maiden Name, " Schelside

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Strait

9. Father's Occupation, Fruit Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Siemon

Address, N. E. 204 Granby St.

Remarks,

When the child is born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *August 7. 1883*
4. Place of Birth (Street and Number) *Baltimore City Muner. St. 224*
5. Full Name of Mother *Mary D. Benwar*
6. Mother's Maiden Name *Mary D. Schmitt*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *John Benwar*
9. Father's Occupation *Glassblower*
10. Father's Birthplace *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. M. Shaffer*
- Address *No 114 Bridgely St.*
- Remarks _____

RETURN OF A BIRTH,

15231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug. 7th 1883

4. Place of Birth, (Street and Number)

179 Hanover St.

5. Full Name of Mother

Mary S. Ilzoe

6. Mother's Maiden Name

Martin

7. Mother's Birthplace

Ind

8. Full Name of Father

Chas. Ilzoe

9. Father's Occupation

Barber

10. Father's Birthplace

Italy

Name of Medical Attendant, or other Person who makes this Return.

W. C. Lee

Address

Hanover Barrist

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

61132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Aug. 7, 83.
11. Westelstr No 63
Anna Reinhard
Schmied
Balt.
Johann Reinhard
Schmied
Balt.
Mrs Joh. Reinhard,
South Welfstr No 14

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1883

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

Sex, (state whether male or female)

4 males

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August the 8 1883

4. Place of Birth, (Street and Number)

292 ramsey St Bal

5. Full Name of Mother, ..

Hate E Green

6. Mother's Maiden Name,

Hate E. Sanks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nicholas The Green

9. Father's Occupation,

engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs S Theller

Address,

792 Pratt St Bal

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Smith (3.)

Truth (3.)

- No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211st, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311st, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411st, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511st, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611st, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th, 695th, 696th, 697th, 698th, 699th

or other person who makes this Return

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 8, 1883

4. Place of Birth, (Street and Number)

Cor Hudson St near State Canton

5. Full Name of Mother,

Margaret Janche

6. Mother's Maiden Name,

Margaret Brooks

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Charles Janche

9. Father's Occupation,

Shoe maker

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Sullens

Address,

104 Barclay street

Remarks,

State, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

SEP
3
1883

August 8th 1883

179 S. Washington St.

Fannie Maenderlein

Bersheid

City

Phillip Maenderlein

Oyster shucker

City

Mrs Elizabeth Ritz

120 Bank St.

seventy-five cents, between the first and third day of each and every month, to the Board of Health, to receive the birth of any child shall occur without the attendance of a physician, or of a practitioner of medicine, or of a midwife, or of any other person, or to the duty of the parent or guardian of such child to report its birth to the Board of Health, in the manner and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in other than any civil suit, and penalties are recoverable.

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, thereunto appointed by the Board of Health, and to pay to the said person, or persons, the fee or fees, and to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 8th August
4. Place of Birth, (Street and Number) 91 Lombard St
5. Full Name of Mother, Susan Griffin
6. Mother's Maiden Name, Susan Hoffman
7. Mother's Birthplace, Virginia
8. Full Name of Father, John B. Griffin
9. Father's Occupation, Laborer
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address, 72 E. Lombard St.
- Remarks, _____



In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons attending at such birth, to report the birth, in the manner and to the effect herein provided, to the Board of Health, in the manner and to the effect herein provided, and the person or persons so failing to do so shall be liable to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health, and such offender, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

8th August

4. Place of Birth, (Street and Number)

45 W. Baltimore St.

5. Full Name of Mother,

Mary Furer

6. Mother's Maiden Name,

Mary Weber

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Furer

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard St.

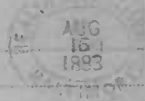
Remarks,



RETURN OF A BIRTH

65239

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6 of August

4. Place of Birth, (Street and Number)

384 Sharford St

5. Full Name of Mother,

Ellen Scraggs

6. Mother's Maiden Name,

Ellen Brown

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

James Scraggs

9. Father's Occupation,

he works at the Car Stable

Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other Person who makes this Return

June Boykin and

Address, 386 Sharford St

D. J. Gault

Remarks,

of the parents, and the maiden name of the mother of such child or children."

[illegible]

11240

2/2/11

General

AUG
17
1883

August 5 1843

352 E. Fayette St.

332 & Fayette
 Lucie J. Brown

Young

Ballinacree

Richard L. Pierce

Richard J. Bates

English

Henry A. Howell

Remarks.

65241

A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "BALTIMORE" at the bottom. In the center of the stamp, the date "AUG 13 1883" is stamped in three lines. The stamp is slightly faded and overlaps with the text "lth." on the left.

186

7.1.1.1

11/2nd

August 8th

57 *W. H. H.*

Genoa... Walter X

Lena Schvernee

Baltimore

Charles T. Walker

above

Baltimore

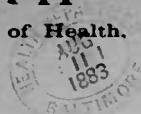
Mrs. Mary Hogan

112 Scott O H

CITY FIGHTERS AND STATIONING

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 8th 1883

4. Place of Birth, (Street and Number)

2 Vincent Inf. Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Louisa Bell

7. Mother's Birthplace,

Me. &c.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sister of Charity

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

[illegible]

11
15243

19

Female
White

White

Aug 8th 1883

3 ~~244 Montgomery~~
244 Montgomery St

Pauline Hatch

East
Baltimore

Baltimore

John H. Koch
Bookkeeper

Bookkeeper

Baltimore

William
Theodore Cooke M.D.
p. 13

Theodore Cookes

[Handwritten signature]



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65244

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First (miscarried previously)*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *August 8 1883.*
4. Place of Birth (Street and Number) *No. 382 Harford ave.*
5. Full Name of Mother *Ellen Scraggs.*
6. Mother's Maiden Name *Ellen Brown.*
7. Mother's Birthplace *Baltimore.*
8. Full Name of Father *James M. Scraggs.*
9. Father's Occupation *Hostler.*
10. Father's Birthplace *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Chas. R. Townsend*
- Address *6537 Harford ave.*
- Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65245

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twelfth.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth August 8, 1883
4. Place of Birth (Street and Number) 491 Hartford ave
5. Full Name of Mother Roger E. McCubbin.
6. Mother's Maiden Name Roger E. Wiger.
7. Mother's Birthplace Baltimore
8. Full Name of Father Thomas M. Cuthin.
9. Father's Occupation Brass molder
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Aug. R. E. Cleveland
- Address 537 Hartford ave
- Remarks



Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65246

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3rd)*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Wednesday, Aug. 8th 1893*
4. Place of Birth (Street and Number) *435 Lexington St.*
5. Full Name of Mother *Emma Elizabeth Cummins*
6. Mother's Maiden Name *" " Nugent*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Joseph E. Cummins*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *Charles E. G. M. D.*
- Address *579 Lexington St.*
- Remarks



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

BIRTH REG.
AUG
19
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Aug 5th 1883*
4. Place of Birth, (Street and Number) *"Waterfront" 161 N Lombard*
5. Full Name of Mother, *Maggie Smith*
6. Mother's Maiden Name, *Maggie Kisser*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Louis P. Smith*
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return *E. H. Madden M.D.*
- Address, *161 N Lombard St.*
- Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15248

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)....

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First
Male
White
Aug. 8th 1883
117 Madison St.
State of Maryland
John J. Geller
Washington, D.C.
Physician
Shipping Clerk.
Baltimore
Mrs. M. A. C. Hall
160 William St.

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner, and within the period as required, except in the cases of the birth and death of illegitimate children, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 28, 1895*

4. Place of Birth, (Street and Number) *Kalisher St. No. 107*

5. Full Name of Mother, *Margaretha Sahlmann*

6. Mother's Maiden Name, *Margaretha Schäfer*

7. Mother's Birthplace, *Bald^e Eidge*

8. Full Name of Father, *August Sahlmann*

9. Father's Occupation, *Cabinet-maker*

10. Father's Birthplace, *Bald^e Eidge*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address, *6 Dallas St. No. 26*

Remarks, _____

In case the mother is deceased, the nearest next of kin, or the physician, or a practitioner of midwifery, or any other person who shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or persons so required, except in the cases of the birth and death of illegitimate children, and any person or persons so required shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th August 1882.

4. Place of Birth, (Street and Number)

Balto. Durham. 157

5. Full Name of Mother,

Katy Yucky.

6. Mother's Maiden Name,

Ka. Dushake.

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

James Dushake.

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant,

or other Person who makes this Return

Mary. O'Leary

Address,

69 N. Washington St

Remarks,

Mary. O'Leary

AUG
15
1882

certificate, between the first and third day of each and every month to the Board of Health, under the seal of the Board of Health, and in case the birth of any child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or of a person authorized by the Board of Health, it shall be the duty of the parent or person in charge of the child to report its birth to the Board of Health, in the manner, and within the period, and under the penalty, provided in the preceding section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 August 1883

4. Place of Birth, (Street and Number) Balto N. Washington St 1239

5. Full Name of Mother, Mary Voyik

6. Mother's Maiden Name, Mrs. Bolrick

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos. Voyik

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kaptish

Address, 69 N. Washington St

Remarks, Mary Kaptish

AUG
15
1883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

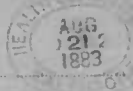
APR 15 1883

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15253

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 8th 1883

4. Place of Birth, (Street and Number) City No. 409 W. Pratt St

5. Full Name of Mother, Johanna Wilhelmina Spangenberg

6. Mother's Maiden Name, " " Kunnecke

7. Mother's Birthplace, Grauden Germany

8. Full Name of Father, Philip Spangenberg

9. Father's Occupation, Grocer

10. Father's Birthplace, Hesse Cassel

Name of Medical Attendant, or other Person who makes this Return Mrs Dwyer

Address, 60 N. Schroeder St.

Remarks,

RETURN OF A BIRTH

15204

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug 8th 1883

4. Place of Birth, (Street and Number)

114 Greenmount Ave

5. Full Name of Mother,

Mary Getzendanner

6. Mother's Maiden Name,

Carlin

7. Mother's Birthplace,

Frederick, Md.

8. Full Name of Father,

Thos Getzendanner

9. Father's Occupation,

N. C. C. Clerk

10. Father's Birthplace,

Frederick, Md.

Name of Medical Attendant,

or other Person who makes this Return

M. B. Dillingham

Address,

256 E. Prinston

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) boy

Race or Color, (if not of the white race) white

Date of Birth, 9 August

Place of Birth, (Street and Number) 701 East Lane 82 81

Full Name of Mother, Marie Laubacher

Mother's Maiden Name, Re. Paffenbach

Mother's Birthplace, Baltimore

Full Name of Father, Andrie Laubacher

Father's Occupation, Carpenter

Father's Birthplace, Muhlhausen Baden

Name of Medical Attendant, or other Person who makes this Return Anna Waller

Address, 239 E. Eager Street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

652.16

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: Thomas Benton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



male

white

~~September~~ August 18

71 53

Lisburg St No 23

Jessie Benton

Jessie Day

North Carolina

William Benton

Ship Joiner

Baltimore

Minie Benton

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child
2. Sex, (state whether male or female) female
3. Race or Color, (if not of the white race)
4. Date of Birth, 9 of August.
5. Place of Birth, (Street and Number) 89 Myer street
6. Full Name of Mother, Kate Williams
7. Mother's Maiden Name, Kate Linderman
8. Mother's Birthplace, Germany
9. Full Name of Father, Robert L. Williams
10. Father's Occupation, labor
11. Father's Birthplace, Baltimore
12. Name of Medical Attendant, or other Person who makes this Return, Mary L. Gervase
13. Address, 59 Myer street
14. Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG
15
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex (state whether male or female) *Female*
 2. Race or Color (if not of the white race) *Caucasian*
 3. Date of Birth *August 9th*
 4. Place of Birth (Street and Number) *York Street No 19*
 5. Full Name of Mother *Alice Allen*
 6. Mother's Maiden Name *Alice Thomas*
 7. Mother's Birthplace *Kent Island*
 8. Full Name of Father *James Allen*
 9. Father's Occupation *Labourer*
 10. Father's Birthplace *Kent Island*
 Name of Medical Attendant, or other Person who makes this Return. *Mary Birney*
 Address *No 51 Leadenhall St.*
 Remarks *Doing Well.*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

certification, is given that not more than one child shall be born to a woman at one time, and that the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should in other person be in at violence upon the mother, immediately thereafter, it shall then become the duty of the person so attending to the mother, to report the birth of the child to the Registrar of Vital Statistics, and within the period of three days thereafter, to file a statement of the birth of the child, in the form prescribed, except in the cases of the births and deaths of illegitimate children, and in such cases the Registrar of Vital Statistics shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

23 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 9 th 1883

4. Place of Birth, (Street and Number)

176 Cross St.

5. Full Name of Mother,

Louise Loy

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Loy

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwaiber midwife

Address,

380 Hanover St.

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at the time, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the place, provided for in the several sections of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Twelve Child*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 9 1883

4. Place of Birth, (Street and Number)

No 2 Potucin st

5. Full Name of Mother,

Lenny Naas

6. Mother's Maiden Name,

Krug

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Kunard Naas

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wilery

Address, *No 12 Patterson Park av*

Remarks,

AUG
17
1883

RECEIVED

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

10-61
AUG 17 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(3^d) Third*

1. Sex (state whether ~~Male~~ or Female) *Female*

2. Race or Color *(if not of the white race.)*

3. Date of Birth *Aug. 9-1883*

4. Place of Birth (Street and Number) *101 Wilhelm St*

5. Full Name of Mother *Louisa Barbara Eggert*

6. Mother's Maiden Name *Sailer*

7. Mother's Birthplace *Germany*

8. Full Name of Father *Herman Eggert*

9. Father's Occupation *Carpenter*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

C.C. McDowell M.D.

Address

642 W. Fayette St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

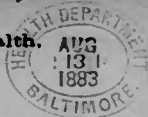
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth 9. Aug.
4. Place of Birth (Street and Number) 465 Lanvale
5. Full Name of Mother Amelia Gzther
6. Mother's Maiden Name Sherte Risinger
7. Mother's Birthplace Balt.
8. Full Name of Father Mr Gzther
9. Father's Occupation Painter
10. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. W. W. Simpson
- Address 364 Madison Ave
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

August 9th

Place of Birth, (Street and Number)

14 Parkin St

Full Name of Mother,

Lillian Thorpe

Mother's Maiden Name,

" Mullen

Mother's Birthplace,

Baltimore

Full Name of Father,

George Thorpe

Father's Occupation,

Fireman

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Mary Thompson

Address,

112 Scott St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT.
AUG
14
1883

of the parents, and the maiden name of the mother of such child or children.

1. Sex, (state whether male or female). *Male*
2. Race or Color, (if not of the white race). *Of the Colored Race*
3. Date of Birth, *Thursday Night Aug 7th*
4. Place of Birth, (Street and Number). *on 2nd floor House 53. Camelback*
5. Full Name of Mother, *Mrs Martha Ann. Liverpool*
6. Mother's Maiden Name, *Miss " " Gaines*
7. Mother's Birthplace, *Tappahannock, Essex County Va.*
8. Full Name of Father, *Mr John Henry Liverpool*
9. Father's Occupation, *Coachman*
10. Father's Birthplace, *Hollie Wood, Essex County Va.*
11. Name of Medical Attendant, *Dr. J. E. Johnson*
or other Person who makes this Return.
- Address, *1036 Cornhill*
- Remarks, *Child not still Born & seems to be in perfect health*

In case the birth of a child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or of a person who is duly qualified to perform the duties of the parent or parents, such child shall be reported to the Board of Health, in the manner and within the time prescribed, except in the cases of the births and deaths of illegitimate children, and in such cases the person who is the father of such child shall be reported to the Board of Health, in the manner and within the time prescribed, and the child shall be reported to the Board of Health, in the manner and within the time prescribed, and the child shall be reported to the Board of Health, in the manner and within the time prescribed.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the phyllo race) *White*
3. Date of Birth, *Aug 9th 1882*
4. Place of Birth, (Street and Number) *No 28 S. Resister St*
5. Full Name of Mother, *Mrs. Mary J. Gress*
6. Mother's Maiden Name, *White*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles J. Gress, Jr*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Goetzke*
- Address *No 35 S. Bond St*
- Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

9 - of August - 1883

4. Place of Birth, (Street and Number)

Baltimore City - 109 North Eden

5. Full Name of Mother,

Catharine - E. Blake

6. Mother's Maiden Name,

Catharine Mc. Gray

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lamence - Blake

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Clearer - Wooden

Address,

Remarks,

120 Greenmount Ave



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

10267
JUN 13 1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th child
male

Sex, (state whether male or female)

colored

2. Race or Color, (if not of the white race)

3. Date of Birth,

august 9th

4. Place of Birth, (Street and Number)

no 58 welcom ally

5. Full Name of Mother,

elizabeth watkins

6. Mother's Maiden Name,

elizabeth hughes

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

robert watkins

9. Father's Occupation,

salor

10. Father's Birthplace,

lynchburg va

Name of Medical Attendant, or other Person who makes this Return

md Lydia Porter

Address,

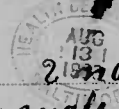
no 4 papsco avenue

Remarks,

healthy child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



60768
2nd Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

august 9th

4. Place of Birth, (Street and Number)

102 wellbornally

5. Full Name of Mother,

Mary Banister

6. Mother's Maiden Name,

Mary Banister

7. Mother's Birthplace,

YORK TOWN VA

8. Full Name of Father,

James Heaven

9. Father's Occupation,

labour

Father's Birthplace,

on napes ana rundle co

Name of Medical Attendant, or other Person who makes this Return

Mrs Lydia Porter

Address.

no 4 paper co avenue

Remarks.

healthy child

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15369

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9 August

4. Place of Birth, (Street and Number) 3 Mill St.

5. Full Name of Mother, Jennie Calmann

6. Mother's Maiden Name, Jackson

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Calmann

9. Father's Occupation, Sailor

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Ulbrich

Address,

48 Hollander St

Remarks,

Balt.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *George Hahn*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9th of August, 1883*
4. Place of Birth, (Street and Number) *336 E. Green St.*
5. Full Name of Mother, *Maggie Schorlitz*
6. Mother's Maiden Name, *Maggie Hahn*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Hahn*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Corcoran Kunkel*

Address, *71 North Chapel St. per postman Kunkel*

Remarks, *Healthy*

certification, between the first and third day of each and every month to the Board of Health. In case the birth of any child is attended by a physician, or of a practitioner of midwifery, or of a nurse, the parent or parents of such child, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, as required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

circumstances between the first and third day of each child's every month to the Bureau of Health. If the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, it should no other person be in attendance upon the mother; consequently thereafter, it shall then become the duty of the parent to procure of such child to report its birth to the Board of Health, in the manner, and within the period as required, excepted in the case of the birth of dead children illegitimate children, and stillborn infants.

The following provisions are hereby enacted, to wit:

Section 1. That all persons who are guilty of any offense as defined by this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are now collected.

HEALTH DEPARTMENT
AUG 11 1893
BALTIMORE

—

- August 7th 1833.
423. N. Calhoun St.
Julia A. Rogers.
Julia A. Bedford.
Baltimore City.
Hollis. F. Rogers.
Salesman.
Howard Ten. Md.
John. J. P. Morgan Esq.
27. Lexington St.

John L. R. Mendenhall
27 1/2 Lexington St

243 Lexington St

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH.

65272

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG
15
1883
BALTIMORE

Mother (state whether 1st, 2d, 3d, &c.) *Third 3*
Whether Male or Female *Free* *mail*
For (if not of the white race) *Gold*
Birth *Aug 14 9*
Place (Street and Number) *No 37 North Lanes St*
Name of Mother *Mrs Emma Jones*
Maiden Name *Miss Emma Griffith*
Birthplace *Baltimore*
Name of Father *James E. Loyer*
Occupation *Homor Labor*
Birthplace *Baltimore*
Medical Attendant, or other Person who makes this Return. *Mrs Emma Jones*
No 122 North Lanes St
in good health

GIVEN NAME ADDED 16-1-54
RETURN OF A BIRTH 15373

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

John P. Grosskopf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August the 9th 1883*

4. Place of Birth, (Street and Number) *Belair Avenue*

5. Full Name of Mother, *Barbara Grosskopf*

6. Mother's Maiden Name, *Barbara Krueger*

7. Mother's Birthplace, *Strutendorf Bavaria*

8. Full Name of Father, *John Grosskopf*

9. Father's Occupation, *Bier Brewer*

Father's Birthplace, *Strutendorf Bavaria*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



of the parents, and the maiden name of the mother of such child or children.

State, the sex, age, date of birth or age, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Aug. 9. 83.
E Pratt St. No 255
Kassonka Pratt
Gettysburg
New York
Hansbach Pratt
Clerk
Pratt
Wm. L. Pratt
111 W. 14

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 9th 1883

4. Place of Birth, (Street and Number)

182 1/2 W. 4th St. S. E. An

5. Full Name of Mother,

Agnes Shettle

6. Mother's Maiden Name,

Garden

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Daniel Shettle

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

M. B. Billingslee

Address,

256 E. Pratt St

Remarks,

RETURN OF A BIRTH

65277

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 birth

Sex, (state whether male or female)

601

2. Race or Color, (if not of the white race)

West

3. Date of Birth,

10 August

4. Place of Birth, (Street and Number)

Anna Street No. 228

5. Full Name of Mother,

Anna Ritterbusch

6. Mother's Maiden Name,

" " Lehr

7. Mother's Birthplace,

Grosendete Prussen

8. Full Name of Father,

Karrrad Ritterbusch

9. Father's Occupation,

Balt. m. s.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Lombard Street No. 228

Address,

Remarks,

Mrs. Inaues

of the parents, and the maiden name of the mother of such child or children."

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a competent midwife, or if any person shall be in attendance upon the mother, immediately thereafter the mother becoming the mother of such child to report to the Board of Health, in the form of a certificate, the date of birth, the name of the child, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to a fine of not less than five dollars, nor more than ten dollars, for each offense; to be recovered as other fines and penalties are recoverable.

11
V 8 11
Baltimore City
A 11
1 31
1 11

Thirtieth (3.)

Female

White

August 10th 1885.

No 52, Duncan Alley

Anna Timanek

" Katal

Branic Bohemia

Joseph Limanek

Blacksmith

Lazán Bohemia

or other Person who
makes this Return

Josephina Konrad

No 20. Barnes St

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the practitioner of midwifery to report its birth to the Board of Health, in the manner, and at the time, prescribed by the Board of Health. Any person who shall fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16 of August

4. Place of Birth, (Street and Number) 125 North Glen St

5. Full Name of Mother, Emma H Macken

6. Mother's Maiden Name, " " Prewer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm C Macken

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

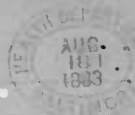
Name of Medical Attendant, or other Person who makes this Return Mrs Oliver

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child 3

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 10 1883

4. Place of Birth, (Street and Number)

Cookes St

5. Full Name of Mother,

Beartha Erdman

6. Mother's Maiden Name,

Beartha Pensbach

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Hermaan Erdman

9. Father's Occupation,

Carbaner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Abraham Eitel

Address,

N. 13. Cuba St

Remarks,

Baltimore

Form, is of their physical condition, whether sick, or not, the full name, name, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 10th 1883*

4. Place of Birth, (Street and Number) ** 9th Chapel St*

5. Full Name of Mother, *Amelia Gooden*

6. Mother's Maiden Name, *" Gaybline*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *George Gooden*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Dorcas Hillegeist*

Address, *182 E. Monument St*

Remarks,



should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or each offense, to be recovered as other fines and penalties are recoverable.

H 121

First

Female

White.

August - 10th 1883.

472. W. Lombard st

Nannie Atkinson

" " " Wabrey

Easton - Md

William Atkinson

Mechanics -

Alexandria Va.

or other Person who
makes this Return.

H. N. Schultz

407 W. Greenland. 21-

The certificate is taken the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, no person should nor other person be in attendance upon the mother immediately thereafter; it shall then become the duty of the person so present, such as to report its birth to the Board of Health. In the manner, and within the period above prescribed, the parents of every child born in the city of New York shall cause to be filed with the clerk of the Board of Health, a declaration under oath, signed by one of them, that the child has been lawfully born, and that the same is the legitimate issue of the parents thereof, and that the said child hereafter fall to comply with the provisions of the laws relating to the subject, and pay the sum of five dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Male
white
born on the 10 of August 1883
9 Prince St.
Mary Schwab
Mary
Balto M. d.
John Schwab
Miller
Balto. M. d.
Mrs. Miller
1017 W. Pratt St.

Register, stating distinctly the race of mother, and the maiden condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

11286



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *August 10th*
4. Place of Birth (Street and Number) *Leadenhall Street Number 81*
5. Full Name of Mother *Annie Dorsey*
6. Mother's Maiden Name *Annie Johnson*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frank Dorsey*
9. Father's Occupation *Carter* *Baltimore*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Mary Rivers*
Address *51 Leadenhall Street*
Remarks *Doing Well*

111
65287

wherein, for every child born, raised, or educated in this State, the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period and under the penalties hereinafter provided, except in the cases of this birth and death of a premature child, and if any person or persons who shall have failed to comply with the provisions of this section shall be subject to a fine of not less than five nor more than ten dollars for each offense, to be recovered and paid by the State.

Second Child

Hale.

White...

The 10th August 1883

Benjamin Foster and Elliott

Maggie Kessler

Lealt

Palmer

Jerry Kessler

Gaber

Baltimore

or other Person who
makes this Return

Mrs Wiley

No 12 Patterson Park av

Remarks,

CO., CITY PRINTER AND STATIONER.

separately, between the first and third day of each and every month, in each birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report to the Health Officer of Health, in the manner, and within the period as prescribed, the names of the birth and death of such child, and the cause of death, if controlled, except in the cases of the birth and death of a stillborn child, and the cause of death of such child, and shall, however, fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

AUG 17 1883

3

Female

White

August 10th 1883

57. S. Burke St

Mary Klem

Mary Seibert

Baltimore Md

George Klesna

In Oyster House

Baltimore Md.

Mrs Wiley

Patterson Park Avenue

Remarks,

RETURN OF A BIRTH

7.1289

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

One child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Aug 16 1883

4. Place of Birth, (Street and Number)

102 South Falls St

5. Full Name of Mother,

Annie Mulhearn

6. Mother's Maiden Name,

Annie Olmson

7. Mother's Birthplace,

Richmond, Virginia

8. Full Name of Father,

William H. H. H.

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Michigan

Name of Medical Attendant, or other Person who makes this Return

Lucas H. H.

Address,

130. H. H.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65290

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

sister 11th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

August 10th 1883

4. Place of Birth, (Street and Number)

Baltimore Pine st 331

5. Full Name of Mother,

Mary Ann Jones

6. Mother's Maiden Name,

Mary Ann Bottom

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George Jones

9. Father's Occupation,

Dray man

Father's Birthplace,

Baltimore - County Md

Name of Medical Attendant, or other Person who makes this Return

Chalet Waron

Address,


258 Ralston St

Remarks,

was born 12th March
and a half when it was born

[illegible]

THE DEPARTMENT OF THE ARMY
AUG 11 1893
WASHINGTON



white

Aug. 10. 1883.

553 W. Sorell Ave

Rose D. Wainwright,

Leisure

Balto. City

Wm W. Warrick,

Shewach,

Phila. Pa.

J. L. Doyle M.D.

24/7 Lawale

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

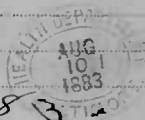
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant or other Person who makes this Return

Address,

Remarks,



Male
Colored
Aug 10th 1883
161 N Lombard "Maternity"
Alice Harris
Baltimore
E. F. Mason M.D.
161 N Lombard

RETURN OF A BIRTH

1893

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, maiden name, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

My 3rd female

1. Sex, (state whether male or female)

Matilda Jackson Barron

2. Race or Color, (if not of the white race)

William Bell

3. Date of Birth,

Aug 20 1893

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Ms 3rd Mrs. A. L. L.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

61391

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Third*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10th of July*

4. Place of Birth, (Street and Number) *Baltimore No 175 King St*

5. Full Name of Mother, *Anna Catherine Eggar Stahl*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Paul Eggar*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Dymler*

Address, *60 N. Schroeder St.*

Remarks,

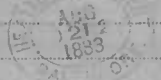
RETURN OF A BIRTH

1890

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
2. Sex, (state whether male or female) *female*
3. Race or Color, (if not of the white race) *white*
4. Date of Birth, *10 August 83*
5. Place of Birth, (Street and Number) *62 N. Fremont St.*
6. Full Name of Mother, *Eva Marie Caroline Flippish*
7. Mother's Maiden Name, *Hanser*
8. Mother's Birthplace, *Stainham, Canada*
9. Full Name of Father, *Martin Luther Flippish*
10. Father's Occupation, *merchant*
11. Father's Birthplace, *Baltimore, Md.*
12. Name of Medical Attendant, or other Person who makes this Return *Mrs. Dwyer*
13. Address, *60 N. Schroeder St.*
14. Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1896
No 5
female
white
10 August
Frederick St. No 104 1/2
Luisa Frey
Luisa Fok
Baltimore
Frederick Frey
Bucher
Baltimore
Mrs. Dangler
60 N. Schaefer St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 11th 1888

4. Place of Birth, (Street and Number) No 212 Biggle St.

5. Full Name of Mother, Annia Schumack

6. Mother's Maiden Name, Annia Kolt

7. Mother's Birthplace, Germany

8. Full Name of Father, J. G. Schumack

9. Father's Occupation, Doctor

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return W. J. Butt

Address, No. 185 E. 6th St. Central Av. & Monument St.

Remarks, See M

in case the certificate, between the first and third day of each and every month, to the Board of Health, or of a practitioner of midwifery, or birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, it shall then become the duty of the parent or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

1898

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

1 male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 11 1888

4. Place of Birth, (Street and Number)

284 McHenry St Bal

5. Full Name of Mother,

Margret A Weeks

6. Mother's Maiden Name,

Margret A Sands

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Howard Weeks

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs D Shelley

Address,

742 Pratt St Bal

Remarks,

of the parents, and the maiden name of the mother of each child of children.

RETURN OF A BIRTH.

65299

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 11th 1893
4. Place of Birth (Street and Number) rear of Green St near Fremont St
5. Full Name of Mother Alice Mason
6. Mother's Maiden Name Alice Bead
7. Mother's Birthplace Patterson Lane
8. Full Name of Father Emanuel Mason
9. Father's Occupation Laborer
10. Father's Birthplace Norfolk, Va
- Name of Medical Attendant, or other Person who makes this Return. Martha Moore
- Address 107 Stockton Alley near South
- Remarks All well but I have been sick with the Asthma

thereafter, stating distinctly the date of birth, sex, and color of the child, and the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in at witness upon the mother, immediately thereafter, it shall then become the duty of the parent or persons of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person who shall fail to comply with the provisions of this act shall be deemed guilty of an offense, and be liable to a fine of not less than \$5, nor more than \$10, nor to imprisonment for not less than 10 days, nor more than 30 days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh (11.)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 11th 1883*

4. Place of Birth, (Street and Number) *240. N. Wolf Str*

5. Full Name of Mother, *Anna Marie Bauerfeind*

6. Mother's Maiden Name, *Hoffman*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Johann Bauerfeind*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Josephina Konrad*

Address, *No 20. Barnes Str*

Remarks, _____

RETURN OF A BIRTH

11301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 child*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *12 August*

4. Place of Birth, (Street and Number) *250 Central Avenue*

5. Full Name of Mother, *Philomena Reinhardt*

6. Mother's Maiden Name, *Brenner*

7. Mother's Birthplace, *Hanover*

8. Full Name of Father, *William Reinhardt*

9. Father's Occupation, *Soldier*

10. Father's Birthplace, *Unterlin Hesser*

Name of Medical Attendant, or other Person who makes this Return *Anna Walker*

Address, *139 E. Green Street*

Remarks,



certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur on any day other than the first, second or third day of any month, the physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, shall report the birth of the child to the Board of Health within the time specified, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or of such other sum, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

141

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 11th 1883

4. Place of Birth, (Street and Number)

Stationer's - 100th St 67

5. Full Name of Mother,

Florence Gibson

6. Mother's Maiden Name,

Florence Smith

7. Mother's Birthplace,

Washington D C

8. Full Name of Father,

Alfred Gibson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto City

Name of Medical Attendant,

or other Person who makes this Return

Harriet Jackson

Address,

No 5 Forrest St

Remarks,

Balto City Md

RECEIVED
AUG 19 1883

RETURN OF A BIRTH

15303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 11th

4. Place of Birth, (Street and Number)

1012 Brown's Lane

5. Full Name of Mother,

Wilhelmina Kasse

6. Mother's Maiden Name,

Wilhelmina Herman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Kasse

9. Father's Occupation,

Debar

Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

J. J. J. J.

Address,

1034 W. Lombard St

Remarks,

born, its or their physical condition, whether still born or not, the full name, sex, age, of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65304

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5. Children*
1. Sex (state whether Male or Female) *Male Child*
2. Race or Color (if not of the white race) *Collard Child*
3. Date of Birth *August 11th 1883*
4. Place of Birth (Street and Number) *No 1 Little Pine St*
5. Full Name of Mother *Mrs Lizzie William*
6. Mother's Maiden Name *Miss Lizzie Anderson*
7. Mother's Birthplace *Washington, D.C.*
8. Full Name of Father *Mr John William*
9. Father's Occupation *Waiter*
10. Father's Birthplace *Washington D.C.*
Name of Medical Attendant, or other Person who makes this Return *Mrs Sarah Deol*
Address *No 9 Jussiper St*
Remarks *None*

RETURN OF A BIRTH

65305

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 14th 1883

4. Place of Birth, (Street and Number)

No. 333 Eastern Ave.

5. Full Name of Mother,

Mrs. Carrie Bauernschub

6. Mother's Maiden Name,

Mrs. Carrie Rice

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Bauernschub

9. Father's Occupation,

Overseer of Fertilizing works

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Rachel A. Garrett

Address,

No. 65 Park St.

Remarks,

RETURN OF A BIRTH

15306

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

August 11th 1883

4. Place of Birth, (Street and Number)

314 Lancaster St

5. Full Name of Mother,

Mary Garrison

6. Mother's Maiden Name,

Glynn

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Geo Garrison

9. Father's Occupation,

R.R. Employee

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

E. J. Williams M.D.

Address,

538 E. 11th St

Remarks,

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RETURN OF A BIRTH

15307

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Aug 11 1883
 4. Place of Birth, (Street and Number) High Street 173
 5. Full Name of Mother, Reb. Lumsden
 6. Mother's Maiden Name, _____
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Lumsden
 9. Father's Occupation, Carpenter
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return Mr. C. Jones
 Address, 193 Church
 Remarks, _____

to be returned to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, as soon as the child is born or dies, the first return, and the first return of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 11th 1892

4. Place of Birth, (Street and Number) Baltimore William St. No. 243

5. Full Name of Mother, Lanar Kirby

6. Mother's Maiden Name, Megaha

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William H. Kirby

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Elizabeth H. H. H.

Address, William St. No. 244

Remarks, _____

certification, between the first and third day of each and every month, to the Board of Health, of the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who is duly qualified to attend to the birth of children, and who shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1883
AUG 13 1883
BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) african
3. Date of Birth, Aug 11th
4. Place of Birth, (Street and Number) No 34 Little M^cElderry -
5. Full Names of Mother, Amie Diggs
6. Mother's Maiden Name, Amie Cornish
7. Mother's Birthplace, Balt
8. Full Name of Father, George Diggs
9. Father's Occupation, Seamster
10. Father's Birthplace, Balt
Name of Medical Attendant, or other Person who make this Return Daniel V Moyer M.D
Address, 192 Aquith St
Remarks, Balt

NOTICE

The succeeding document
was received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

RETURN OF A BIRTH.

6531A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG
15
1883
TIME

of Mother (state whether 1st, 2d, 3d, &c.) *Third 3*

whether Male or Female) *Male*

Color (if not of the white race) *Color*

Birth *Aug 12. 11*

Birth (Street and Number) *186 North Bittel St*

of Mother *E. Lucie Beth Butler*

Maiden Name *Miss Butler*

Birthplace *Baltimore*

of Father *Christopher Butler*

Occupation *Cotton Laborer*

Birthplace *Baltimore*

Medical Attendant, or other Person who makes this Return. *Mrs. Annie Dunkley*

No 122 North Dallas St
in good health

certification, is given, the first and third days of each and every month to the Board of Health. In cases where birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at or in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period also required, except in the cases of the birth and death of illegitimate children, and any person failing to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health, and shall be liable to be removed as other men and women are recovering.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 61311

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child
1. Sex, (state whether male or female) Female Mail.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 11 1883
4. Place of Birth, (Street and Number) No 122 Tyeon St.
5. Full Name of Mother, Georgannia Carter
6. Mother's Maiden Name, Georgannia Penilton
7. Mother's Birthplace, Exeter Shore Maryland Feb 20
8. Full Name of Father, Champion Carter
9. Father's Occupation, Labr
10. Father's Birthplace, Virginia Getisburg
- Name of Medical Attendant, or other Person who makes this Return Sarah Penilton
- Address, No 120 Tyeon
- Remarks, No. Remarks.



space of its birth, and the said schedule shall be delivered, duly signed by the first names of the mother and the said child, to the Board of Health. In case the mother and the said child shall be separated, the first and third part of each and every month to a practitioner of midwifery or the birth of any child shall be sent in evidence upon the attendance of a physician, or of a practitioner of midwifery or of any other person be it in compliance with the provisions of the Act, immediately thereafter, it shall then become the duty of the parent or the person in charge of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the case of the birth and deaths of illegitimate children, and any women or persons who shall hereafter fail to comply with the provisions of the said Act shall be subject to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

443
272
1883

3

Male

.....

Aug 24/87-11 1883

1129 Canton Ave.

Barbara Hapensci

Schneipner

Baltimore

Peter Gasenoi

Salmon

Batman

Mrs Louise Knapp

236 Canton Ave

place of its birth, and the said attending physician, or other person, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

AUG
27
1893

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 11/1893

4. Place of Birth, (Street and Number)

220 Bond St

5. Full Name of Mother,

Ida Flemming

6. Mother's Maiden Name,

Waring

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Flemming

9. Father's Occupation,

Welder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Louis Kraft

Address,

236 Canton Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th

male
white

Aug. 11, 1883

156 East - St -

Pauline

Shuchman

Pauline Kimmell

Baltimore

John Shuchman

Baker

German

W. Street MD

143 N. E. St - St -

born, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15318

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 and 10 *blids: Twins*
1. Sex, (state whether male or female) *Girls*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 11th*
4. Place of Birth, (Street and Number) *Light street 690*
5. Full Name of Mother, *~~Augusta~~ wengenried*
6. Mother's Maiden Name, *Mrs. Rotewile*
7. Mother's Birthplace, *Switzerland*
8. Full Name of Father, *Mr. Albert wengenried*
9. Father's Occupation, *A Frisko Painter*
- Father's Birthplace, *Wertenback Germany*
- Name of Medical Attendant, or other Person who makes this Return *Miss Minnie Smith.*
- Address,
- Remarks,

of the parents, and the maiden name of the mother of each child or children."

RETURN OF A BIRTH

15316

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 12 1883

4. Place of Birth, (Street and Number)

342

5. Full Name of Mother,

Lizzie Lettinate

6. Mother's Maiden Name,

Lizzie Birnwick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fredrick Lettinate

9. Father's Occupation,

Printer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs G. Wessingh

Address,

345 Bessie

Remarks,

Is this child of the mother named, and the maiden name of the mother of such child or children?

GIVEN NAME ADDED 3-9-51 15317

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name: *Sallie Emerson Kneass*
3rd



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

White

Aug 12 1883

143 N Charles St

Laura V Kneass

Laura V Emerson

Baltimore Md

Mr Kneass

Physician

Philadelphia Penna

Dr W Kneass

143 N Charles St

Born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

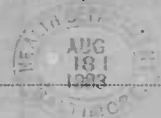


- 15318
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *August 12th 1883*
4. Place of Birth (Street and Number) *181 South Paca St*
5. Full Name of Mother *Laura Lavinia Rostenhop*
6. Mother's Maiden Name *Laura Lavinia Reinhardt*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Frederick Rostenhop*
9. Father's Occupation *Book Keeper*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm B. Surry, M.D.*
- Address *64 N. Paca St*
- Remarks *Natural but rapid labor of only about 4 hours duration*

RETURN OF A BIRTH

15319

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 12th 1883

4. Place of Birth, (Street and Number)

Baltimore city Clement St 149

5. Full Name of Mother,

Charlotte Elizabeth Barnett

6. Mother's Maiden Name,

Charlotte Elizabeth Ames

7. Mother's Birthplace,

Baltimore city Maryland

8. Full Name of Father,

James Augustus Barnett

9. Father's Occupation,

a Caulker

10. Father's Birthplace,

Dorchester county Maryland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sebastian Coraway

Address

191 Battery, or Baltimore Maryland

Remarks,

born, ill or their physical condition, whether still born or not, the full name, nativity, an residence of the parents, and the maiden name of the mother of such child or children."

65-3881
Baltimore City
APR 18 1923

place of the birth, and the said schedule shall be delivered, duly signed, to the proper authorities, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person so attending the mother, to cause the said child to be taken to the nearest place of public health, in the manner, and at the expense, provided for in this act. It shall be the duty of the Board of Health, to designate and appoint, for each and every ward, a person or persons, who shall hereafter fail to comply with the provisions of this section, and who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are so recoverable.

/

- A 221-1113 MASTER AND STATIONER.

11
62-331

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AUG
181
1000

1

Female

12th August

69 Central Avenue

Amelia Reichel

Amelia Bunch

Germany

Robert Reichel

Labour

Germany

Sarah Busher

72 E. Lombard St.

Y & CO., CITY PRINTERS AND STATIONERS.

In case the child is born dead, or is born alive and dies within the first day of each and every month, to the Board of Health, Baltimore City, the attending physician, or other person who shall be notified by the Board of Health, shall immediately report the same to the Board of Health, in the manner and form provided by the Board of Health, and the attending physician, or other person who shall be notified by the Board of Health, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 12th 1883*

4. Place of Birth, (Street and Number) *23 Hopkins Ave*

5. Full Name of Mother, *Helena F. Wright*

6. Mother's Maiden Name, *" " "*

7. Mother's Birthplace, *Conn - Norwich*

8. Full Name of Father, *Levin Wright*

9. Father's Occupation, *Coal Dealer*

10. Father's Birthplace, *Dorchester Co Md*

Name of Medical Attendant, or other Person who makes this return *Theodore Cooke M.D.*

Address, *per 23*

Remarks,



RETURN OF A BIRTH.

15323

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 12 1885
4. Place of Birth (Street and Number) Baltimore 528 Hamore Street
5. Full Name of Mother Mary Emma Milburn
6. Mother's Maiden Name Mary Emma Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Milburn
9. Father's Occupation Copper Smith
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Roseta Gulamery
- Address 126 Plum Alley
- Remarks

Fill up this form at the birth of every child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15324

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 12 1883

4. Place of Birth, (Street and Number)

31 Stamford St

5. Full Name of Mother.

Rutha Groomer

6. Mother's Maiden Name,

Rutha Regler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Groomer

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs E. Gray

Address,

193 Cherry

Remarks,

RETURN OF A BIRTH

65321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th
Female

Sex, (state whether male or female)

AUG
17
1883

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 12 1883

4. Place of Birth, (Street and Number)

100 W. Caroline St.

5. Full Name of Mother,

Charlotte L. Schieff

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. H. Schieff

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Mary A. Villard

Address, 286 N. Lombard St.

Remarks,

State, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3rd

Male

W.

Dec. 12/83

20 S. Washington

Kate Collins

Kate Rippey

B.C.

Robert M. Collins

Cook-keeper

B.C.

J. L. Wintner

77 S. Broadway

born, its or their physical condition, whether still-born or not, the full name, nativity, an residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
- Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 12. 1883
4. Place of Birth, (Street and Number) No. 1 Summit Court. Balt. Md
5. Full Name of Mother, Margaret Booth
6. Mother's Maiden Name, Margaret Philip
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Booth
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Wm. W. Nash
- Address, 107 Johnson St. Balt. Md.
- Remarks,



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 12th

4. Place of Birth, (Street and Number)

150 22 Old Warner St
Mary E. Kelly

5. Full Name of Mother,

" " Neidide

6. Mother's Maiden Name,

7. Mother's Birthplace,

City

8. Full Name of Father,

Anthony Kelly

9. Father's Occupation,

Shawblosser

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

J. Church M.D.

Address,

1515 Warner St

Remarks,

OCT 15 1893

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *12 of August 1883*
4. Place of Birth, (Street and Number) *42 North Broadway*
5. Full Name of Mother, *Martha Bender*
6. Mother's Maiden Name, *Martha Gibson*
7. Mother's Birthplace, *Little Hunt Summit, Maryland*
8. Full Name of Father, *James Heller Gibson*
9. Father's Occupation, *Seafaring man*
10. Father's Birthplace, *Little Hunt Summit, Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Presbyterian Kunkel*
- Address, *71 North Chapel Street per Justice Kunkel*
- Remarks, *Healthy*

AUG
15
1883

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the mother shall thereupon, within the first day of the month following, appear before the Registrar of Vital Statistics, and shall thereupon, in the manner, and within the period of time, required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should on other persons, the attention of the Board of Health shall be called to the fact, and the practitioner of midwifery, or the person attending the birth, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th - 1st*



1. Sex, (state whether ~~male~~ female) _____
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *August 12, 1883*
 4. Place of Birth, (Street and Number) *Hulthsen St. No. 129.*
 5. Full Name of Mother, *Mary Wachs*
 6. Mother's Maiden Name, *Mary Ecker*
 7. Mother's Birthplace, *Edwardsborn, Gr. Hesse, Germany*
 8. Full Name of Father, *Theodor Wachs*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Königsberg, Gr. Hesse, Germany*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*
- Address, *W. Dallas St. No. 26*
- Remarks, _____

place of its birth and the said schedule shall be delivered, duly signed by the registrars, in the form of a certificate, to each the first and third day of each and every month, to the board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person, or in at compliance with the provisions of this act, the person so attending the birth of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 12

4. Place of Birth, (Street and Number)

107 731

5. Full Name of Mother,

Mary Schunmer

6. Mother's Maiden Name,

Madis.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Sebastian Schunmer

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

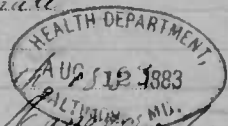
J. Schwarzer midwife

Address,

530 Hanover St.

Remarks.

This Child was a six months child and died after an age of four hours.



RETURN OF A BIRTH

61332

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Aug. 13 1883

4. Place of Birth, (Street and Number)

14 S. Wolf St.

5. Full Name of Mother,

Johanna Raubach

6. Mother's Maiden Name,

— Gumbert.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Gustaf Raubach.

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace.

Germany.

Name of Medical Attendant, or other Person who makes this Return

A. F. Epich M.D.

Address,

90 Park Ave.

Remarks,

Within six days thereafter, recording immediately the date of birth, sex, and color of the child, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1333

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 13/83

4. Place of Birth, (Street and Number)

609 Mulberry

5. Full Name of Mother,

Emma V. Praecht

6. Mother's Maiden Name,

" " Baetjer

7. Mother's Birthplace,

Balt's -

8. Full Name of Father,

Albert C. Praecht

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return

Thomas Opie M.D.

Address,

179 N. Howard St

Remarks,

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should in other persons, in attendance upon the mother, immediately thereafter, it shall then become the duty of such persons to report the same to the Board of Health, and the names of the parents, and of the child, and the date and place of its birth, and the occupation of the parents, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 13th. 1883*

4. Place of Birth, (Street and Number) *No. 164 Asquith St.*

5. Full Name of Mother, *Mary Hinggraff*

6. Mother's Maiden Name, *Mary Miller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *H. Hinggraff*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *M. A. Bull*

Address, *No. 185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 18th 1883*

4. Place of Birth, (Street and Number) *#4 Prospect Place*

5. Full Name of Mother, *Margaret Baynes*

6. Mother's Maiden Name, *Banckelager*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *William D. Baynes*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Anna Hillegast*

Address, *182 E. Monument St.*

Remarks,



should be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth, to the Board of Health, in the manner, and within the period above required, except in the cases of still births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65396

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August 13th 1883

4. Place of Birth, (Street and Number)

102 Hill Street

5. Full Name of Mother,

Mrs. Emma Franz

6. Mother's Maiden Name,

Emma Osing

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob Franz.

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Munch

Address,

Montgomery & Lottenhall. Mrs

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15237

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 13th 1883*

4. Place of Birth, (Street and Number) *Granby St.*

5. Full Name of Mother, *Jennie Fenley*

6. Mother's Maiden Name, *Janison*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Fenley*

9. Father's Occupation, *Car maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Benshofer*

Address, *113 C. Lombard St.*

Remarks,



RETURN OF A BIRTH

65334

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Francis McAdams

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 13th 1883

4. Place of Birth, (Street and Number) Bond st.

5. Full Name of Mother, Mary McAdams

6. Mother's Maiden Name, Justis Justus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank McAdams

9. Father's Occupation, Ice-car Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs C. Benoit

Address, 436 Lombard st.

Remarks,



born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

61339

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2^d, 3^d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
August 13/83
418 W Lombard St
Mary Doyle
" Minoght
" Buchanan
Michl J. Doyle
Police Officer
Baltimore
D. L. Spencer
387 W. Lombard St

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

any name shall have been entered, the place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, the mother or father, or the person who has the custody of the child, shall then, before the expiration of the period herein prescribed, cause to be made and returned to the Board of Health, a true and correct statement of the birth of such child, in regard to the facts of the birth, the name of the child, the date of the birth, the sex of the child, the place of birth, the name of the mother, the name of the father, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

18th August

4. Place of Birth, (Street and Number)

44 S. Caroline St.

5. Full Name of Mother,

Mary Smith

6. Mother's Maiden Name,

Mary Wolwert

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Henry Smith

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 13th

4. Place of Birth, (Street and Number)

No. 133 Bond St

5. Full Name of Mother,

Dorothy S. Guber

6. Mother's Maiden Name,

Klaunberg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Guber

9. Father's Occupation,

Cropper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Joseph A. Simon

Address,

114 N. Grand St

Remarks,

any name shall have been registered, the sex, color, the full name of the mother, the date, place, and time of its birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, shall then become the duty of the parent or persons, or such child to report its birth to the Board of Health, in the manner, and to the effect, provided for in the said Act, and in the regulations made thereunder, and in case any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

born. His or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

Birth
Female

AUG
17
1883

August 13 1883
Lefferson St - 5 doors N. of Chester
Charles M R Odine
Barickman
Baltimore
Augustus R Odine
Engineer
Baltimore

Harry A. Allwell

place of its birth, and the said certificate shall be delivered, duly signed by the registrars, to the Board of Health. In cases the birth of any child shall occur without the attendance of a physician, the mother, immediately thereafter, shall their become the duty of the parent or nurse of such child to report its birth to the Board of Health, in the manner, and within the period also prescribed, except in the cases of the births and deaths of illegitimate children, and any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered on other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 13 th 1883

4. Place of Birth, (Street and Number)

No 343 S. Charles st.

5. Full Name of Mother,

Josephine Bergen

6. Mother's Maiden Name,

Gottlieb

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Michael Bergen

9. Father's Occupation,

Clothing horse

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwyger midwife

Address,

330 Hanover st

Remarks,



any birth shall have been registered as required by the regulations in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person authorized by the Board of Health, the person attending the mother, immediately thereafter, shall then become, in the manner, and to the extent, and under the conditions, provided in the regulations, the legal midwife of the child, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 13 d. 1883

4. Place of Birth, (Street and Number)

No 167 James alley

5. Full Name of Mother,

Elisabeth Folkmar

6. Mother's Maiden Name,

Leistman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Wilhelm Folkmar

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwaister midwife

Address,

330 Hanover st.

Remarks,

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13th March 1883
4. Place of Birth (Street and Number) South Charles St 216
5. Full Name of Mother Anna Maria
6. Mother's Maiden Name Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father John Smith
9. Father's Occupation Driver
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Smith
- Address 13th March 1883
- Remarks Dead at birth

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

[illegible]

RETURN OF

To the Office of Registrar of Vital Statistics, 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

Make

2. Race or Color, (if not of the white race)

22 4

3. *Date of Birth.*

13th August 19

4. *Place of Birth, (Street and Number)*

Batte, 2

5. *Full Name of Mother.*

Blaise Norat

6. *Mother's Maiden Name:*

A. Koprake

7. *Mother's Birthplace,*

Bohemia

8. *Full Name of Father,*

Frank, New

9. *Father's Occupation.*

Tailor

10. *Father's Birthplace,*

Bohemia

Name of Medical Attendant, or other Person who makes this Return

or other Person who
makes this Return

Mr.

Address.

09 N. Washington St

Remarks,

Marge K. Pitt

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

Missing

65347 to 65350,
incl.

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

White
August 13! 1883
X 697 W. Baltimore
Margaret A. Clancy
" " Baltimore
Baltimore Md
Bro. H. Clancy
Restaurant
Ireland
D. L. [unclear]
387 W. [unclear]

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3d Child
Female
White
August 13 1883
1100 Battery av
Anna. Poff
Anna Meradeth
City
Michael Poff
Cigar Manufacturer
City
H. B. Webb, M.D.
50 Warren av

11/3/33

AUG
 191
 1233

28

Female

Colored

Aug 14th / 883

88 Sterling St-

Fane Thompson

James Robinson

I Baltimore City Md

James Thompson

Labour

Baltimore city

Harriett Packman

Chas. S. Torrey St.

Balto Md

ALL CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth August 14th 1883

4. Place of Birth, (Street and Number) do 27 Burrough St

5. Full Name of Mother Williamannie Rossman

6. Mother's Maiden Name Williamannie Walton

7. Mother's Birthplace Maryland

8. Full Name of Father George Rossman

9. Father's Occupation Laborer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mr. Jacob Gould mid wife

Address do 317 Fort Avenue

Remarks mother and child doing very well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

penalty, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, and to cause it to be registered within the period above specified. Any parent or parents who shall neglect or fail to comply with the provisions of this section shall be entitled to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

August the 14th

4. Place of Birth, (Street and Number)

Baltimore part at Mount

5. Full Name of Mother,

Raffey people

6. Mother's Maiden Name,

Legeler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick people

9. Father's Occupation,

labour

10. Father's Birthplace,

Baltimore

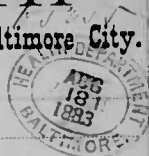
Name of Medical Attendant, or other Person who makes this Return

Elizabeth Hahn

Address,

William St No 344

Remarks,



11
6-13-16

Baltimore City.

~~2nd~~ 8th & 9th

L. Female

While

Aug 14 1883

197 Ready hall

Wm. Hoehner

"Bingold"

Leopold

Frank Hoehner

Sailor

January

Theodore Cooke Vt. 183

or other Person who
makes this Return

per H. B.



101, CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH *61357*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 14, 1883*

4. Place of Birth, (Street and Number) *60 Prince St*

5. Full Name of Mother, *Isabel Keagle*

6. Mother's Maiden Name, *Hansen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry B. Keagle*

9. Father's Occupation, *Baltimore*

Father's Birthplace, *Shore Center*

Name of Medical Attendant, or other Person who makes this Return *Mary M. Wilson*

Address, *286 E. Tanager St*

Remarks,

AUG
17
1883

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 14, 1883, 11 o'clock P.M.

4. Place of Birth, (Street and Number)

551. Paratoza St.

5. Full Name of Mother,

May T. McKenna

6. Mother's Maiden Name,

May T. Allambaugh

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

William T. McKenna

9. Father's Occupation,

Moulder, B & O.

Father's Birthplace.

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

A. H. Patton, M.D.

Address,

Remarks,

Instrumental /.



of the parents, and the maiden name of the mother of each child in children.

1

61365

2nd Child
Female

AUG
16
1993

AUG
16
1993

Aug. 14th 1883

No 1172 Little Greene st

Martha Bornckins.

Feltman

America

Gustave, Bornachine

Musichiner

America

J. Schwaerer midwife
330 Hanover St.

330 Hannover St.

Remarks.

p. CITY PRINTING AND STATIONERS.

in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall then become the duty of such person to send a report of the birth of such child to the Board of Health, and to file the same with the Registrar of Vital Statistics, within the period of ten days after the birth of such child, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14th of August 1883*
4. Place of Birth, (Street and Number) *12 East Monument St.*
5. Full Name of Mother, *Lena K. Kli*
6. Mother's Maiden Name, *Lena Haversack*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles Haversack*
9. Father's Occupation, *Polisher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Crescentia Kinkel*
- Address, *71 North Chapel St per Justina Kinkel*
- Remarks, *Healthy*

RETURN OF A BIRTH

15362

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Aug 14th 1893

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colord

Aug
15
1893

3. Date of Birth,

4. Place of Birth, (Street and Number)

34 Jordan Alley

5. Full Name of Mother,

Leah Franklin

6. Mother's Maiden Name,

Leah Bowen

7. Mother's Birthplace,

John Franklin

8. Full Name of Father,

Couchman

9. Father's Occupation,

Baltimore City

10. Father's Birthplace,

Lucy Conish No. 15 Jordan Alley

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

born, its or their physical condition. whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children."

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

14th Aug^r 1883

4. Place of Birth, (Street and Number)

5 Camden Lane

5. Full Name of Mother,

Annie Lee

6. Mother's Maiden Name,

McBermott

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Patrick Lee

9. Father's Occupation,

Laborer

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

H. W. Webster

Address,

57 Barron

Remarks,

AUG
15
1883

RETURN OF A BIRTH

65364

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th

male

white

Aug. 14, 1880

39 Enoch

Rachael Rath

Germany

Germany Rath

Leijar Maker

Germany

W. Stuart Wood

14 Q. N. Ex. cl. M

of the parent, and the maiden name of the mother of such child or children."

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 14th 1883

4. Place of Birth, (Street and Number) No. Eldery st.

5. Full Name of Mother, Rosa Braverman

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Penthus

9. Father's Occupation, Signmaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard st.

Remarks,



within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15366

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth August 14, 1883
4. Place of Birth (Street and Number) No. 41 N. Caroline St.
5. Full Name of Mother Rebecca Sanders
6. Mother's Maiden Name Rebecca Silver
7. Mother's Birthplace Balto City
8. Full Name of Father Henry Sanders
9. Father's Occupation Broom Maker
10. Father's Birthplace Germany
- Name of Medical Attendant, or other Person who makes this Return. Cardine Miller
- Address No. 5 Walker St. Baltimore Md.
- Remarks _____

In case the birth of any child shall occur without the attendance of a physician, or if the parents or guardian of such child neglect to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 14, 1883

4. Place of Birth, (Street and Number)

7 Orleans St. Balto. Md.

5. Full Name of Mother,

Emma Clay

6. Mother's Maiden Name,

Emma Thomas

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James Clay

9. Father's Occupation,

Life Insurance Co. Collector.

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Caroline Miller

Address,

No. 5 Walker St Baltimore Md.

Remarks,



RETURN OF A BIRTH

5368

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
15
1883

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 14th

4. Place of Birth, (Street and Number)

So 191 William St

5. Full Name of Mother,

Mary Forsyth

6. Mother's Maiden Name,

Warfield

7. Mother's Birthplace,

Dorchester County

8. Full Name of Father,

John Forsyth

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

J. C. Birch M. D.

Address,

1514 Hanover St

Remarks,

certificates, between the first and third day of each and every month, or the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above provided, except in the cases of the births and deaths of infants, children, and any person or persons who, at the expiration of the period above provided, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th.*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 14th 1883

4. Place of Birth, (Street and Number)

No. 502 S. Quith St.

5. Full Name of Mother,

Gertr. Heibert

6. Mother's Maiden Name,

Gertr. Kremer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Heibert

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

M. A. Butt

Address, *No. 185 E. Con. Central av. & Monument St.*

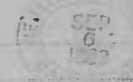
Remarks, *All Well*



RETURN OF A BIRTH

60370

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3rd, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Aug. 14 83
W. Wall St No 22
Mary Ann Melmel
Angel
Balt.
Michael Melmel
Tailor
Prussia
Wm. Sch. Bauer
W. Wall St No 14

Printed and Stationed by the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH.

1891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1st
 Female
 White
 14th August
 401 Charles St
 Kate J. Nichols
 Mary J. Nichols
 Baltimore
 William J. Nichols
 Carpenter
 John W. Barker
 13th Street
 living well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 14th 1883*

4. Place of Birth, (Street and Number) *#342 L Sharp St*

5. Full Name of Mother, *Julia Hain*

6. Mother's Maiden Name, *Julia Pons*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Edward Hain*

9. Father's Occupation, *Mariner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant,

or other Person who
makes this Return

Address,

Remarks,

Dr. J. M. Hain
1 Lacroix St

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 14 1883

4. Place of Birth, (Street and Number)

Columbia Ave. #1258.

5. Full Name of Mother,

Emma Vonheine

6. Mother's Maiden Name,

" Egsbrodt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. G. Vonheine

9. Father's Occupation,

Coal Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Kook

Address,

328 Fayette St. Baltimore

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
3
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Second
Male
Aug 24th 1893
4-4 Centre St.
St. Louis, Mo.
Mrs. C. H. Smith
Germany
William H. Smith
Cigar Maker
St. Louis, Mo.
Regina H. Smith
St. Louis, Mo.

of the parents, and the maiden name of the mother of such child or children."

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15270

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

73

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

13. of Aug 1883.

4. Place of Birth (Street and Number)

No. 41. Abbott St.

5. Full Name of Mother

Mary Lipa

6. Mother's Maiden Name

Mary Pazourek

7. Mother's Birthplace

Bohemia

8. Full Name of Father

Ignac Lipa

9. Father's Occupation

Laborer

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Katerina Pazourek

Address

41 Abbott St

Remarks

Born Live

CH 15576

Baltimore City

3^{tes} Kind

B. 116

11.01.19

geboren den 15^{ten} August

N^o 176 Carnuel St.

Rosine Hunt

Resin the Hintiben

Baltimore

Edmund Hunt

Handwritten: *Handwritten*

Baltimore

Friederike Kaufmann

St 202. L. DeWitts St.

H. Hammer

10. 10.000 LBS PLANTED AND STATIONED.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Mrs. Lind*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 15^{ten} August*
4. Place of Birth, (Street and Number) *N^o 181. Washington St.*
5. Full Name of Mother, *Carlein Diebfelder*
6. Mother's Maiden Name, *Carlein Bitterhaf*
7. Mother's Birthplace, *Deutschland*
8. Full Name of Father, *Georg Diebfelder*
9. Father's Occupation, *Cooper*
10. Father's Birthplace, *Deutschland*
- Name of Medical Attendant, or other Person who makes this Return *Friederike Kaufmann*
- Address, *N^o 202. S. Dallas St.*
- Remarks, *He kommt*

AUG
17
1893

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then be the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and to sign the certificate of birth, and to deliver the same to the Registrar of Vital Statistics, within the period above specified, except in the case of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth
female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 15th 1883

4. Place of Birth, (Street and Number)

368 Division St.

5. Full Name of Mother,

Mary Shelly

6. Mother's Maiden Name,

Toutle

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Wm. A. Shelly

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

John W. M.D.

Address,

431 Penna. Ave.

Remarks,

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of an infant shall be attended by a physician, or a hospital, or a dispensary, thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

65379

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *15 August*

4. Place of Birth, (Street and Number) *152 Pine St.*

5. Full Name of Mother, *Caroline Brightenstien*

6. Mother's Maiden Name, *Histellart*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Clement Brightenstien*

9. Father's Occupation, *Clerck*

Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Ulbrig
48 Halland

of the parents, and the maiden name of the mother of such child or children."

With a view to the better management, during pregnancy, the time of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15350

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP 6 1890

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

Aug 15

4. Place of Birth (Street and Number)

Race St No 15

5. Full Name of Mother

Mary Catharine Chase

6. Mother's Maiden Name

Mary Catharine Chase

7. Mother's Birthplace

Winchester, Va

8. Full Name of Father

Frederick Chase

9. Father's Occupation

Factor

10. Father's Birthplace

Eastern Shore Md

Name of Medical Attendant, or other Person who makes this return

Lyons & Humphreys

Address

155 West St

Remarks

RETURN OF A BIRTH

60381

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 15 - 1883

4. Place of Birth, (Street and Number)

Patterson Park, Str. near Arlin

5. Full Name of Mother,

Friederike Dressel

6. Mother's Maiden Name,

Kronister

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Dressel

9. Father's Occupation,

Booker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marie Stein

Address,

151 E Pratt

Remarks,

of the parents, and the maiden name of the mother of such child or children."

certified, between the first and third day of each and every month to the Board of Health. In case the birth of a child is attended by a physician, or of a practitioner of midwifery, or by a nurse, or by any other person, it shall be the duty of such person to report the birth of the child to the Board of Health, and to cause the same to be duly recorded, except in the case of the births and deaths of illegitimate children, and in such cases the duty of the Board of Health shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white race*

3. Date of Birth, *15th August 1883.*

4. Place of Birth, (Street and Number) *No. 1 Columbia Av.*

5. Full Name of Mother, *Sappia Sappert*

6. Mother's Maiden Name, *Sappia Hoffmann*

7. Mother's Birthplace, *Humburg, Germany*

8. Full Name of Father, *Peter Sappert*

9. Father's Occupation, *Sockknigh*

10. Father's Birthplace, *Humburg, Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *No. 1011 Federal*

Remarks, *409 W. Princes*



RETURN OF A BIRTH

61382

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 15th 1883

4. Place of Birth, (Street and Number)

3 Pl-Lane

5. Full Name of Mother,

Ella Dempsey

6. Mother's Maiden Name,

Valentine

7. Mother's Birthplace,

Dallas

8. Full Name of Father,

Austin Dempsey

9. Father's Occupation,

Harmon Maker

10. Father's Birthplace,

Dallas Md

Name of Medical Attendant, or other Person who makes this Return

W B Billing

Address,

266 E Preston St

Remarks,

if the parents, and the maiden name of the mother of such child or children.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at witness upon the mother, immediately thereafter, it shall then become the duty of the parent or parents to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person who fails to do so shall be subject to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (Tenth) 10.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 15th 1883.
4. Place of Birth, (Street and Number) No 282 N. Eden St
5. Full Name of Mother, Marie Mantz
6. Mother's Maiden Name, " Runkel
7. Mother's Birthplace, York, Pa.
8. Full Name of Father, William Mantz
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Josephina Konrad
- Address, No 20. Barnes St
- Remarks,

any person or persons who shall knowingly or negligently fail to report the birth of such child to the Board of Health, in the manner, and within the period above specified, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 13 1883

4. Place of Birth, (Street and Number)

182 E. Monument St.

5. Full Name of Mother,

Sophia Spandau Lager

6. Mother's Maiden Name,

Gruenstedt

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

George Spandau Lager

9. Father's Occupation,

Heat Collector

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Wm. J. H. H. H. H.

Address,

182 E. Monument St.

Remarks,



RETURN OF A BIRTH

65386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

32

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 15 1883

4. Place of Birth, (Street and Number)

St. W. Cor. Townsend & Carroll A

5. Full Name of Mother,

Anna Tolson

6. Mother's Maiden Name,

Anna Berrell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm H. Tolson

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

W. H. Hiltner

Address,

121 W. Lombard St.

Remarks,

of the parents, and the full name of the mother of still-born or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

- 3.
- Date of Birth.*

4. *Place of Birth.* (Street and Number)

- 5.
- Full Name of Mother,*

- 6.
- Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant.

Address.

Remarks.

RETURN OF A BIRTH 1883

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
3
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh (11th)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 13th 1883

4. Place of Birth, (Street and Number)

133 Taylor St

5. Full Name of Mother,

Catherine L. Gily

6. Mother's Maiden Name,

W. C. Gily

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Henry Gily

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Henry G. Gily

Address,

133 Taylor St

Remarks,

RETURN OF A BIRTH

1389

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name - Joseph Thomas

Number of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d
H1 in a



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 15 1893

4. Place of Birth, (Street and Number)

North Pine Street

5. Full Name of Mother,

Virginia Lamberson

6. Mother's Maiden Name,

" Poole

7. Mother's Birthplace,

City, Balt.

8. Full Name of Father,

J. L. Lamberson

9. Father's Occupation,

Painter

10. Father's Birthplace,

City, Md.

Name of Medical Attendant, or other Person who makes this Return

H. J. K. in R.

Address,

217 Summit Ave

Remarks,

At the printing, with the printed matter on the inside of each cover of each book, is printed the following: PRINTED BY THE BOARD OF HEALTH, BALTIMORE CITY.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 15 11, 1883

4. Place of Birth, (Street and Number)

No. 1454 Light St

5. Full Name of Mother,

Helen Tade

6. Mother's Maiden Name,

Peters.

7. Mother's Birthplace,

America

8. Full Name of Father,

Peter Tade

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland.

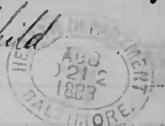
Name of Medical Attendant, or other Person who makes this Return

J. Schaeffer midwife

Address,

330 Monroe St.

Remarks,



RETURN OF A BIRTH

65341

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 15th 1889

4. Place of Birth, (Street and Number)

No 31 Walsh St

5. Full Name of Mother,

Barbara Raycob

6. Mother's Maiden Name,

Tanner

7. Mother's Birthplace,

to Brady Row at Baltimore

8. Full Name of Father,

Charles Raycob

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

E. Schmitt

Address,

No 348 Penn. av.

Remarks,



Printed and Published by the City of Baltimore, at the Office of the Registrar of Vital Statistics, No. 100 North Second Street, Baltimore, Md.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of the death of the child, in which case the physician or other person attending the birth shall hereafter fail to comply with the requirements of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th of August 1883*

4. Place of Birth, (Street and Number) *N. 5 Maple street*

5. Full Name of Mother, *Liedera Schmitt*

6. Mother's Maiden Name, *Liedera Dreyer*

7. Mother's Birthplace, *Howard county*

8. Full Name of Father, *Jesse D. Dreyer*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Knobel*

Address, *91 North Chapel st. for Justina Knobel*

Remarks, *Healthy*

75393
AUG 18 1883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th of August 1883*

4. Place of Birth, (Street and Number) *777 1/2 N. York St.*

5. Full Name of Mother, *Ellen Schaefer*

6. Mother's Maiden Name, *Ellen Able*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry N. G.*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *A Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Frederick Kunkel*

Address, *11 North Chapel St. for Frederick Kunkel*

Remarks, *Healthy*



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, the child shall be reported to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 15th 1883

4. Place of Birth, (Street and Number) 304 Sharp St

5. Full Name of Mother, Mrs. J. Hamburger

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Hamburger

9. Father's Occupation, Trimmer

10. Father's Birthplace, D.C.

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, per L. 3

Remarks, _____



any person who shall beget or cause to be begotten, from this mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) ... *Male*

2. Race or Color, (if not of the white race) ... *White*

3. Date of Birth, ... *Aug. 13, 1883*

4. Place of Birth, (Street and Number) ... *10. Marshall Ave*

5. Full Name of Mother, ... *Emma M. Mitchell*

6. Mother's Maiden Name, ... *" " " "*

7. Mother's Birthplace, ... *Baltimore*

8. Full Name of Father, ... *John S. Mitchell*

9. Father's Occupation, ... *Carpenter*

10. Father's Birthplace, ... *Ida*

Name of Medical Attendant, or other Person who makes this Return

Address, ... *Theodore Cooke M.D.*

Remarks, ... *per L.B.*



slutty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not dollar for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 15th 1883

4. Place of Birth, (Street and Number) 58 Henrietta St

5. Full Name of Mother, Annie McKays

6. Mother's Maiden Name, " " " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry C. Kries

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke, M.D.

Address, 146 Hancock St

Remarks, _____



RETURN OF A BIRTH,

1597

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug. 15/83.

4. Place of Birth, (Street and Number)

18th Carrollton Ave.

5. Full Name of Mother

Emma Edwards

6. Mother's Maiden Name

Johnson

7. Mother's Birthplace

Baltimore Co., Md.

8. Full Name of Father

States Edwards

9. Father's Occupation

~~Am. Genl. Commis. New York~~

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

H. K. Metterhoff, M.D.

Address

205 W. Biddle St.

Remarks

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug 13 '11*
4. Place of Birth, (Street and Number) *No 168 Hamstead St*
5. Full Name of Mother, *Mrs Margaret Bergmann*
6. Mother's Maiden Name, *" " Steggs*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Nicolas Steggs*
9. Father's Occupation, *Catcher*
10. Father's Birthplace, *Germany*

RETURN OF A BIRTH

65399

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 birth.*
1. Sex, (state whether male or female) *boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16 August*
4. Place of Birth, (Street and Number) *Duham Street No 336*
5. Full Name of Mother, *Elisabeth Engelking*
6. Mother's Maiden Name, *a. n. Zink*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Wilhelm Engelking*
9. Father's Occupation, _____
10. Mother's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return _____
Address, *Lombard Street 1228*
Remarks, *Mrs. Maurer*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

SEP.
6
1893

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Aug 16. 83.
S. Warschington St 27
Bessie Appelquist
Stenger
Balt.
Jacob Appelquist
Tanner
Balt.
Wm. J. H. Bannock
S. W. St 14

RETURN OF A BIRTH

65401

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *16th Aug. 1883*
4. Place of Birth, (Street and Number) *406 E. Balto. St.*
5. Full Name of Mother, *Peta Sadler*
6. Mother's Maiden Name, *Hill*
7. Mother's Birthplace, *A. Parrolina*
8. Full Name of Father, *Frank Reese Sadler*
9. Father's Occupation, *Jeweler*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *E. P. Irons M.D.*
- Address *275 E. Balto. St.*
- Remarks



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Travis 455
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 6th 1853

4. Place of Birth, (Street and Number)

Charles St. No.

5. Full Name of Mother,

Kate Owens

6. Mother's Maiden Name,

Kate Cassard

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ed. B. Owens

9. Father's Occupation,

Merchant

10. Mother's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. W. Miller, M.D.

Address,

121 W. Howard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August the 16th

4. Place of Birth, (Street and Number)

Baltimore Hammer St No 34

5. Full Name of Mother,

Emelida Lauterbach

6. Mother's Maiden Name,

Klein

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Carand Lauterbach

9. Father's Occupation,

glass tender

10. Father's Birthplace,

Baltimore

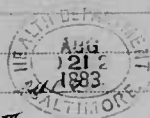
Name of Medical Attendant, or other Person who makes this Return

Elizabeth Hatheran

Address,

William St No 344

Remarks,



duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereinafter fail to comply with the provisions of this act, shall be subject to a fine of not more than \$100, or imprisonment for not more than 30 days, or both, at the discretion of the Board of Health.

RETURN OF A BIRTH.

15405

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



of Child of Mother (state whether 1st, 2d, 3d, &c.) 7 all well

(state whether Male or Female) Female

Race or Color (if not of the white race) White

Date of Birth August 16th 1883

Place of Birth (Street and Number) 36 Reisterstown Ave

Full Name of Mother Maggie McGracken

Mother's Maiden Name Maggie McIlalein

Mother's Birthplace Belfast County Down Ireland

Full Name of Father James McIlalein

Father's Occupation Baker

Father's Birthplace Glasgow Scotland

Name of Medical Attendant, or other Person who makes this Return. Mary Ward

Address Mary Ward 4 Webster row

Remarks Mother & child do well

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th fifth.*
1. Sex (state whether Male or Female) *Male.*
2. Race or Color (if not of the white race) *White.*
3. Date of Birth *~~12th~~ 16th of August*
4. Place of Birth (Street and Number) *128 Chesapeake St.*
5. Full Name of Mother *Mrs. Doyle.*
6. Mother's Maiden Name *McNan.*
7. Mother's Birthplace *Ireland.*
8. Full Name of Father *Martin Doyle.*
9. Father's Occupation *laborer.*
10. Father's Birthplace *Ireland.*
- Name of Medical Attendant, or other Person who makes this return *Johanna. Devlin.*
- Address *118 Chesapeake St.*
- Remarks

the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th of August 1883

4. Place of Birth, (Street and Number) 221 North Holl Street

5. Full Name of Mother, Agnes Kunkel

6. Mother's Maiden Name, Agnes Reilman

7. Mother's Birthplace, Germany

8. Full Name of Father, William Reilman

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. William Kunkel

Address, 11 North Chapel St. for families Kunkel

Remarks, Healthy



any person who shall neglect to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment in the workhouse for a term not exceeding thirty days, or to both such fine and imprisonment.

18

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Dark Brown Skin

3. Date of Birth, ...

11th Bland August 1-16th

4. Place of Birth, (Street and Number)

No 56 Stockholm Street

5. Full Name of Mother,

Lanversia Jones

6. Mother's Maiden Name,

Lanversia Belt

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Charles Jones

9. Father's Occupation,

Working in Calvary

10. Mother's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return.

Doctor Hall Gar at Hall

Address,

Remarks,

RETURN OF A BIRTH

65409

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Aug 16th

5. Place of Birth, (Street and Number)

No 533 Howard St

6. Full Name of Mother,

Clara East

7. Mother's Maiden Name,

" Gibson

8. Mother's Birthplace,

City of P. East

9. Full Name of Father,

Robert P. East

10. Father's Occupation,

Engineer

11. Father's Birthplace,

Island
St. John's N.Y.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH

65410

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August the 16th

4. Place of Birth, (Street and Number)

Tyler, at 310

5. Full Name of Mother,

Charlotte Jackson

6. Mother's Maiden Name,

Briley

7. Mother's Birthplace,

Eastern Shore Md

8. Full Name of Father,

William H Jackson

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Wm Banks

Address,

89 Canal Alley

Remarks,

RETURN OF A BIRTH

15411

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16 of August

4. Place of Birth, (Street and Number)

No 158 Columbia St

5. Full Name of Mother,

Mary Frank

6. Mother's Maiden Name,

Mary Wehring

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Frank

9. Father's Occupation,

Shoe maker

10. Mother's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sabina Gresham

Address,

No 128 West St

Remarks,

RETURN OF A BIRTH

15412

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

3rd,

AUG
17
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Dec. 16/1882

4. Place of Birth, (Street and Number)

N. E. Cor. Canton and Colingford ams.

5. Full Name of Mother,

Elizabeth Winteling

6. Mother's Maiden Name,

Elizabeth Vogel

7. Mother's Birthplace,

Bred. Meck.

8. Full Name of Father,

Geo. Winteling

9. Father's Occupation,

Wine Merchant

10. Father's Birthplace,

Bred. Meck.

Name of Medical Attendant, or other Person who makes this Return

J. L. Winteling
77 St. Broadway.

Address,

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

AUG
17
1883

should, no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any persons born or dying in the city of Baltimore, who are not subject to the provisions of this act, and who are not subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 16th 1883

4. Place of Birth, (Street and Number)

265 Argyle Ave.

5. Full Name of Mother,

Margaret Virginia Watson

6. Mother's Maiden Name,

Owings

7. Mother's Birthplace,

Balto. Co.

8. Full Name of Father,

Jas. E. Watson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

W. H. Whittier M.D.

Address,

431 Penna. Ave.

Remarks,

AUG
17
1883

RETURN OF A BIRTH *65415*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Three

1. *Female*, (state whether male or female)

Female

AUG
17
1883

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 16, 1883

4. Place of Birth, (Street and Number)

417 E. Chase St.

5. Full Name of Mother,

Laura R. Kreamer

6. Mother's Maiden Name,

Blake

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Henry W. Kreamer

9. Father's Occupation,

Car Mechanic

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Henry W. Kreamer

Address, *121 E. Lombard St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

balord

3. Date of Birth,

august - 16 1883

4. Place of Birth, (Street and Number)

104 Babers St Baltimore

5. Full Name of Mother,

Lucy Williams

6. Mother's Maiden Name,

Lucy Taylor

7. Mother's Birthplace,

Eastern Shore Md

8. Full Name of Father,

J. W. Williams

9. Father's Occupation,

~~Dr. J. W. Williams~~ Publick Writer

10. Father's Birthplace,

Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return

Charles W. Nurse

Address,

258 Babers St

Remarks,

Nurse

When the parent or parents of such child to report its birth, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Kind

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 16th August

4. Place of Birth, (Street and Number)

No. 203 Wolff St.

5. Full Name of Mother,

Margrethe Falkenstein

6. Mother's Maiden Name,

Margrethe Rappenburg

7. Mother's Birthplace,

Free Baltimore

8. Full Name of Father,

William Falkenstein

9. Father's Occupation,

Handcar Driver

10. Father's Birthplace,

Deutschland

Name of Medical Attendant,

or other Person who makes this Return

Friederike Kaufmann

Address,

No. 203 S. Dallas St.

Remarks,

Hebammen



RETURN OF A BIRTH

65418

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 16th 1883*
4. Place of Birth, (Street and Number) *No 68 Parrish St. Baltimore Md.*
5. Full Name of Mother, *Fannie Spear*
6. Mother's Maiden Name, *Fannie Mitchell*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles Spear*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Miss Mary Gearing*
- Address, *No 60 Parrish St*
- Remarks, *Mother and child are doing well*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9th.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 16th 1883*
4. Place of Birth (Street and Number) *4222 S. Durham St.*
5. Full Name of Mother *Susana Beck*
6. Mother's Maiden Name *Susana Brug*
7. Mother's Birthplace *Germany*
8. Full Name of Father *John Beck*
9. Father's Occupation *Laborer*
10. Father's Birthplace *Germany*
Name of Medical Attendant, or other Person who makes this Return. *John A. Rehlinger M.D.*
Address *4240 S. Durham St.*
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

AUG
27
1893

Male

August 16 1893

47 Gouldy St.

Catharine Keller

Glorie

Germany

William Keller

Refrigerator

Germany

Mrs Louise Kraft

236 Canton Ave

should no other person be in attendance upon the mother, immediately thereafter, if shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of still-born children, the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered, as other fines and penalties are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

65421

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 16 - 1883

4. Place of Birth (Street and Number)

704 McCulloch St

5. Full Name of Mother

Adella Ashton

6. Mother's Maiden Name

" Morris

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Clinton J. Ashton

9. Father's Occupation

Black

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

L. Hawcett M.D.

Address

92 Madison St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 16th 1883

4. Place of Birth, (Street and Number)

* 215 Chen St.

5. Full Name of Mother,

Ida V. Wheeler

6. Mother's Maiden Name,

Ida V. Crosby

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Wheeler

9. Father's Occupation,

Car Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sam'l B. Powell, M.D.,

Address,

* 29 Wisquith Street

Remarks,

born. His or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth Aug 16th 1883
4. Place of Birth (Street and Number) Pearl St bet Franklin & Mulberry
5. Full Name of Mother Mary Watson
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Balt
8. Full Name of Father Thos Watson
9. Father's Occupation Driver
10. Father's Birthplace Balt
Name of Medical Attendant, or other Person who makes this Return. Edmund R. Walker M.D
Address 183 Linden Ave
Remarks L.O.A. child weighed 10 lbs

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG
28
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Aug. 16th 1883*

4. Place of Birth (Street and Number) *No 29 Jackson St*

5. Full Name of Mother *Mary S. G. Thompson*

6. Mother's Maiden Name *Friedrich*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *Edwin G. Thompson*

9. Father's Occupation *Blacksmith*

10. Father's Birthplace *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address

*Francis A. Jones M.D.
105 N. Central Ave.*

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health;
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th
16 August 1883 female
white
16 August 1883
Thayer St. 85
Clementine Reikmeyer
Clementine Geisler
Baltimore
Peter Reikmeyer
Salvatore
Alsace
L. F. Reinhard

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2 birth

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

17 August

4. Place of Birth, (Street and Number)

Chester Street No 26

5. Full Name of Mother,

Mari Becker

6. Mother's Maiden Name,

Muller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Becker

9. Father's Occupation,

Baltimore

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs. Maura

Address,

Remarks,

Lenox Street No 228



should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, for persons who shall be so required, and who shall be liable to a fine of ten dollars for each such offense, to be recovered as other laws and penalties are provided for the same, and the said child shall be deemed a legitimate child, and shall be entitled to all the rights and privileges of such child.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 Child*

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

W. of Negro +, P.S.

3. Date of Birth,

Sept 8th W. Lombard, A.

4. Place of Birth, (Street and Number)

Mary. Richl

5. Full Name of Mother,

Mary. Richl.

6. Mother's Maiden Name,

" " "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Richl

9. Father's Occupation,

Barber.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Annie Lintner

Address,

St 45 L. Morris St.

Remarks,

RETURN OF A BIRTH

15429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *August 17/83*
5. Place of Birth, (Street and Number) *22 Clifford St*
6. Full Name of Mother, *Aunie E. Cady*
7. Mother's Maiden Name, *" " Rosmund*
8. Mother's Birthplace, *Balto Co Md*
9. Full Name of Father, *John M. Cady*
10. Father's Occupation, *Butcher*
11. Father's Birthplace, *Englaid.*
- Name of Medical Attendant, or other Person who makes this Return *John D. Blair*
- Address,
- Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



60430

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 17 1883

4. Place of Birth (Street and Number)

371 Druid Hill and

5. Full Name of Mother

Eloise Franklin

6. Mother's Maiden Name

Eloise Glasier

7. Mother's Birthplace

New York

8. Full Name of Father

Alfred L. Franklin

9. Father's Occupation

Merchant

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

Alexander Tinsley M.D.

Address

386 Druid Hill and

Remarks

born, the or their previous condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 14th*

4. Place of Birth, (Street and Number) *No. 111 Pratt St*

5. Full Name of Mother, *Laura Harris*

6. Mother's Maiden Name, *W. W. Harris*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Dr. John Harris*

9. Father's Occupation, *Physician*

10. Father's Birthplace, *State of Ohio*

Name of Medical Attendant, or other Person who makes this Return

Address, *Capital Building
P.O. 709*

Remarks,



For a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

65113-220/111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex (state whether male or female) Male
 2. Race or Color (if not of the white race) White
 3. Date of Birth 10th 15th P.M. 17th August, 1883.
 4. Place of Birth (Street and Number) 236 N. Howard St, Baltimore, Maryland.
 5. Full Name of Mother Mary Jane Dwyer
 6. Mother's Maiden Name Mary Jane Mack
 7. Mother's Birthplace Baltimore, Maryland.
 8. Full Name of Father William Jackson Dwyer
 9. Father's Occupation Physician
 10. Father's Birthplace Chester town, Kent County, Maryland.
 Name of Medical Attendant, or other Person who makes this Return. Dr. J. Dwyer M.D.
 Address 236 N. Howard St
 Remarks A premature birth - about 5 1/2 months.

111
6.12.33

ality of the normal or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of not less than \$10 nor more than \$50, and such other fines and penalties as are recoverable.

- 

11/14/31

Baltimore City.

7-11

-
- A circular ink stamp from the Health Department of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPT" at the top and "BALTIMOR" at the bottom. In the center of the stamp, the date "AUG 20 1893" is stamped in a bold, sans-serif font. The stamp is slightly faded and has a textured appearance.

The Goshute

By Neaugh Amendment, makes this Return void

ITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

65235

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 6 children

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 of August 1883

4. Place of Birth, (Street and Number) No 2 12th St

5. Full Name of Mother, Anna Hartlin

6. Mother's Maiden Name, Anna Bingley

7. Mother's Birthplace, Chapman

8. Full Name of Father, William Hartlin

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sabina Grehaber

Address, No 128 West St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first
male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 17th 1883

4. Place of Birth, (Street and Number)

479 Pennsylvania Ave

5. Full Name of Mother,

M. C. Wright

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Balto. Co.

8. Full Name of Father,

Mike Wright

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto. Co.

Name of Medical Attendant, or other Person who makes this Return

W. Christian M.D.

Address,

431 Penna. Ave.

Remarks,

should pay other person ten in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH, 65437

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth Aug 17/83
4. Place of Birth, (Street and Number) 359 Franklin St.
5. Full Name of Mother Alice M. Hallam
6. Mother's Maiden Name Goldin
7. Mother's Birthplace Washington D. C.
8. Full Name of Father A. W. Hallam
9. Father's Occupation Clerk
10. Father's Birthplace Wilmington Del.
- Name of Medical Attendant, or other Person who makes this return. H. P. Fetterhoff M.D.
- Address 205 W. Biddle St.
- Remarks

RETURN OF A BIRTH 15438

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 17 August

4. Place of Birth, (Street and Number) 152 E. Pratt St

5. Full Name of Mother Esther Baury

6. Mother's Maiden Name, Davis

7. Mother's Birthplace, Poland

8. Full Name of Father, Bidgad Baury

9. Father's Occupation, cigar maker

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Ulbrich
48 Hallard St



RETURN OF A BIRTH,

65439

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug. 17/88

4. Place of Birth, (Street and Number)

208 W. Frank St.
Gleason, Kelly

5. Full Name of Mother

6. Mother's Maiden Name

ie. Kennedy
Hendricks, Mrs.

7. Mother's Birthplace

8. Full Name of Father

Joseph Kelly
Restaurant, Super

9. Father's Occupation

Father's Birthplace

Balt. Co. Md.
Edward J. McNeill

Name of Medical Attendant, or other Person who makes this return.

Address

27 Weymouth St

Remarks

Should any officer person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the officer, parent or person, to report its birth to the Board of Health, in the manner, and within the period, above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, August 17/83

4. Place of Birth, (Street and Number) 97 Thomas St

5. Full Name of Mother, Augusta Ethel

6. Mother's Maiden Name, Bastien

7. Mother's Birthplace, Germany

8. Full Name of Father, August Ethel

9. Father's Occupation, Restaurateur

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise [unclear]

Address, 236 Canton Ave

Remarks, _____

AUG 27 1883
CITY OF BALTIMORE

RETURN OF A BIRTH

65441

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Light complexion*
3. Date of Birth, *August 17th 1883*
4. Place of Birth, (Street and Number) *# 55 Jenkins St.*
5. Full Name of Mother, *Christiana Clark*
6. Mother's Maiden Name,
7. Mother's Birthplace, *Eastern Shore Md.*
8. Full Name of Father, *Perry Clark*
9. Father's Occupation, *Stevordore*
10. Mother's Birthplace, *Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Anelia Johnson*
- Address, *E. Hamilton St*
- Remarks,

RETURN OF A BIRTH

65442

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th of August.

4. Place of Birth, (Street and Number) Balto. 702 Light St.

5. Full Name of Mother, Dora Elizabeth Wiland

6. Mother's Maiden Name, Dora Elizabeth Kannel

7. Mother's Birthplace, Cumberland

8. Full Name of Father, Frederick Wiland

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



Persons attending the birth of a child, or the mother, or the father, or the physician, or the midwife, or the nurse, or the attendant, or the person who makes the return, are required to fill out this form, and to send it to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Collard
 3. Date of Birth, (Street and Number) August 13th 1883
 4. Place of Birth, No. 21 Horn St.
 5. Full Name of Mother, Annie Johnson
 6. Mother's Maiden Name, Annie Gray
 7. Mother's Birthplace, Johns Hopkins County
 8. Full Name of Father, John Johnson
 9. Father's Occupation, Washington
 10. Father's Birthplace, Ab. A. Butt
 Name of Medical Attendant, Centerville Monument St.
 Address, No. 185 E. 1st
 Remarks, See Note

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

should no other person be in attendance upon the mother, immediately thereafter, it shall first become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, and at the place, required, except in the cases of the births and deaths of illegitimate children, and any person who fails to comply with the provisions of this act, shall be deemed guilty of a misdemeanor, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 25/11/13

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

August 18th 1883

4. Place of Birth, (Street and Number)

No 21 Horn St.

5. Full Name of Mother.

Annie Johnson

6. Mother's Maiden Name.

Annie Gray

7. Mother's Birthplace.

In Maryland County

8. Full Name of Father.

John Johnson

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Washington

Name of Medical Attendant, or other Person who makes this Return

W. S. Bull

Address, No 185 S.E. on Center av. & Monument St.

Remarks, See Well



of
The duty of the parent or parents of such child to report its birth to the Board of Health in the manner, and within the period above required, and to cause the birth and death of illegitimate children, and any person who neglects to do so, or who makes a false report, shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

18 th/_{th} August

4. Place of Birth, (Street and Number)

80 Altemark St.

5. Full Name of Mother,

Bridget Justus

6. Mother's Maiden Name,

Bridget Hogen

7. Mother's Birthplace,

America

8. Full Name of Father,

Edy Justus

9. Father's Occupation,

Policeman

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard St.

Remarks,

RETURN OF A BIRTH.

15445

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 18th, 1893
4. Place of Birth (Street and Number) rear of Stanton St near Fremont St
5. Full Name of Mother Anna Hall
6. Mother's Maiden Name Anna Johnston
7. Mother's Birthplace Howard County, Md
8. Full Name of Father George Hall
9. Father's Occupation Porter Baltimore, Md
10. Father's Birthplace Baltimore, Md
- Name of Medical Attendant, or other Person who makes this Return. Martina Moore Midwife
- Address 207 Stockton Alley
- Remarks All well

Any person or persons who send a return for a child to a line of ten dollars for each child, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



9th
Female

White

Aug. 18th 1883

13 W. Frederick St.

Mathias J. J. J.

Kocher

New York

Severus A. J. J.

Printer

Germany

Mrs. Anna St. St.

182 E. ... St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH.

65448

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd -

1. Sex (state whether Male or Female)

Male -

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 18/83 -

4. Place of Birth (Street and Number)

266 Mulberry St.

5. Full Name of Mother

Rosa Alice Cassell

6. Mother's Maiden Name

Alexander

7. Mother's Birthplace

Carroll Co. Md.

8. Full Name of Father

Chas. Henry Cassell

9. Father's Occupation

House - Painter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

112 N. Greene

Remarks

RETURN OF A BIRTH 65449

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 18th 1893

4. Place of Birth, (Street and Number)

473 N. Green St

5. Full Name of Mother,

Mary E. Hanley

6. Mother's Maiden Name,

Wynne

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank J. Hanley

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Regina F. Hanley

Address,

86 Hanford Ave

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*
1. Sex, (state whether male or female) *male* *Joseph. Shuck*
2. Race or Color, (if not of the white race) *White. 2009.*
3. Date of Birth, *Saturday the 18th*
4. Place of Birth, (Street and Number) *hafford st no 17*
5. Full Name of Mother, *Lillie Thomas Shuck*
6. Mother's Maiden Name, *Lillie Thomas*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph. Shuck*
9. Father's Occupation, *Stone Cutter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Wooden*
- Address, *Green Mount Mount St*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Good
Male
Color

August 18th 83

34 Street W. Al

Mollie M. Marshall

Green

Mount Co Md
Thos H Marshall

Brick Merchant

Baltimore

A Nelson M D

Cathart Baltimore

RETURN OF A BIRTH

15452

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th male
color
Aug 18th 83
131 Chestnut al
Caroline Boege
Dorothy
Frederick H
Charles Boege
Car conductor
Prof
H Nelson MD
Hart & Easton
JH

RETURN OF A BIRTH 65453

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

Female

White

18 of August

No 157 West St 1883

Mary Schullig

Mary Fannan

Baltimore

Edward Schullig

Painter

Ireland

Sabina Preskaler

No 120 West St



RETURN OF A BIRTH

65454

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18 of August

4. Place of Birth, (Street and Number)

No 190 W. Hillman St

5. Full Name of Mother,

Mary Miller

6. Mother's Maiden Name,

Mary Finckland

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Leonard Miller

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Salina Freshwater

Address,

No 123 N. 4th St

Remarks,



birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, which offence, if he is recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 18 of August

4. Place of Birth, (Street and Number) 5 Stage Street

5. Full Name of Mother, Maggie Tison

6. Mother's Maiden Name, Maggie Taking

7. Mother's Birthplace, Baltimore, M. T.

8. Full Name of Father, John Taking

9. Father's Occupation, Oyster Shuck

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return, Wm. Gross

Address, No 12 Plum Alley

Remarks,

RETURN OF A BIRTH

15456

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

18th Aug 1883

4. Place of Birth, (Street and Number)

355 Townsend St

5. Full Name of Mother,

Ida Berry

6. Mother's Maiden Name,

Pletsch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harvey Berry

9. Father's Occupation,

Business

10. Mother's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

W. H. Warner

Address,

355 Townsend St

Remarks,

RETURN OF A BIRTH 15457

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 August the 16 1883

1. Sex, (state whether male or female) female child

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, date of Birth 18

4. Place of Birth, (Street and Number) Durham st no 157

5. Full Name of Mother, Leonida Jackson

6. Mother's Maiden Name, Leonida Hollis

7. Mother's Birthplace, Dorchester Co md

8. Full Name of Father, Thomas J Jackson

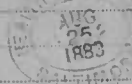
9. Father's Occupation, Laborer

10. Mother's Birthplace, Dorchester Co md

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 47 north Durham street

Remarks,



born, as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

AUG
124
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th
Female.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 18/83.

4. Place of Birth (Street and Number)

No 6 Edmonson Ave.

5. Full Name of Mother

Caroline L Hall.

6. Mother's Maiden Name

Caroline L Wright.

7. Mother's Birthplace

Baltimore.

8. Full Name of Father

Chas A Hall.

9. Father's Occupation

Salisman.

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

John D Cunningham M.D.

Address

134 N Carrollton Ave.

Remarks

RETURN OF A BIRTH,

65459

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) _____

2. Race or Color, (if not of the white race) W

3. Date of Birth June 18 1883

4. Place of Birth, (Street and Number) No 124 George St

5. Full Name of Mother Blanche Evelev

6. Mother's Maiden Name " Mc Cleave

7. Mother's Birthplace Boston

8. Full Name of Father W. C. Wright

9. Father's Occupation clerk

Father's Birthplace Mass

Name of Medical Attendant, or other Person who makes this return. Dr. Hattison M. D.

Address 26 Franklin St

Remarks _____

name of the mother of such child or children.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 18, 1883

4. Place of Birth, (Street and Number)

6 Fairmount av.

5. Full Name of Mother,

Rosalie J. Lucas

6. Mother's Maiden Name,

Rosalie L. Webster

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Charles H. Lucas.

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. W. Fonck M.D.

Address,

75 E. Balto. St.

Remarks,

RETURN OF A BIRTH

18461

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth.

18th day of August

4. Place of Birth, (Street and Number)

No. 24 Mount Ste.

5. Full Name of Mother,

Adelheid Stienemann

6. Mother's Maiden Name,

Adelheid Zentgraf

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Joseph Stienemann

9. Father's Occupation,

Machinist

10. Mother's Birthplace.

Boston, Mass.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dummer

Address,

Remarks,

SEP
24
1883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 18th 1883.

4. Place of Birth, (Street and Number)

263 Hamburg St.

5. Full Name of Mother,

Johanna Broening
Bauer.

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany -

8. Full Name of Father,

John Broening
Cabinet Maker.

9. Father's Occupation,

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall. M.D.
152 Sharp St.

Address,

Remarks,

RETURN OF A BIRTH

Sept 3

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth. 18 August

4. Place of Birth, (Street and Number) Cor. McEldery and Cosgriff

5. Full Name of Mother. Luise Kornmann

6. Mother's Maiden Name. " Spielmann

7. Mother's Birthplace, Balt.

8. Full Name of Father. Luis Kornmann

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Balt. old

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Ulbig
48 Halland St

Address,

Remarks,

Balt.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child *Edwin Walter Bickford Jr.*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 18: 1883

4. Place of Birth, (Street and Number)

Cook's St No 217

5. Full Name of Mother,

Mary Elizabeth Bickford

6. Mother's Maiden Name,

Elisebeth (Morgenson) Morgenson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Bickford

9. Father's Occupation,

Private U.S. Army

10. Father's Birthplace,

State of Maine

Name of Medical Attendant,

or other Person who makes this Return

Margie Ethel

Address,

No 13 Cuba St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 18 1883

4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

Margaret Fraich

6. Mother's Maiden Name,

Raese

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Fraich

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Wiley

Address,

No 12 Patterson Park av

Remarks,



of the parent or parents of such child to report to the Board of Health, in the manner, and within the time, prescribed by the Board of Health, the names of the persons who shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

65466

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

SEP 6 1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 19. 83

4. Place of Birth, (Street and Number)

11, Durham st 127

5. Full Name of Mother,

Urgary Bahl

6. Mother's Maiden Name,

Pulsifer

7. Mother's Birthplace,

Bermon

8. Full Name of Father,

Carl Bahl

9. Father's Occupation,

Pulsifer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. K. K. K.

Address,

11 W. 1st st 11

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 19th 1883

4. Place of Birth, (Street and Number)

Federal St near Washington St.

5. Full Name of Mother,

Maggie Krause

6. Mother's Maiden Name,

Hauke

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John C. Krause

9. Father's Occupation,

Railway Employee

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

S. W. Seldner M.D.

Address,

3600 Gager & Caroline St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65468

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 19 1883

4. Place of Birth (Street and Number)

No. 565 Harford avenue

5. Full Name of Mother

Virginia Demoss

6. Mother's Maiden Name

Virginia Holloway

7. Mother's Birthplace

Maryland

8. Full Name of Father

David Demoss

9. Father's Occupation

Produce Dealer

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Prof. A. C. Lowell M.D.

Address

567 Harford avenue

Remarks

any of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sarah Busch
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 19th 1889

4. Place of Birth, (Street and Number) 2921 Central Ave.

5. Full Name of Mother, Sarah J. Spinnert Busch

6. Mother's Maiden Name, Spinnert

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, George B. Busch

9. Father's Occupation, Boys' Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, Dr. J. P. Hillyard

or other Person who makes this Return

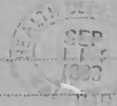
Address, 182 E. Howard Street, S.P.

Remarks, _____

RETURN OF A BIRTH

65470

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 19 1883

4. Place of Birth, (Street and Number)

63 O'Donnell street

5. Full Name of Mother,

Elizabeth Miller

6. Mother's Maiden Name,

Elizabeth Hildebrandt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frederick J. Miller

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah Sullivan

Address,

104 Courty street

Remarks,

When the father or mother is unable to sign, the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the case of the births and deaths of illegitimate children, and with a view to the recovery of such children, shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 19th 1883

4. Place of Birth, (Street and Number)

10 37 Cannon St

5. Full Name of Mother,

Anna Bester

6. Mother's Maiden Name,

Wolgerman

7. Mother's Birthplace,

City

8. Full Name of Father,

William Bester

9. Father's Occupation,

Builder

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Bets

Address,

120 Bank St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *August 19th 1883*

Place of Birth, (Street and Number) *No 175 German St.*

Full Name of Mother, *Maria Adler*

Mother's Maiden Name, *Cohen*

Mother's Birthplace, *Baltimore Ind.*

Full Name of Father, *Joseph Adler*

Father's Occupation, *Rhodale Boot & Shoe Store*

Father's Birthplace, *Widenstein Hesse-Cassel Germany.*

Name of Medical Attendant, or other Person who makes this Return *Dr. Wm. W. Wm. Wm.*

Address, *No 205 St. Lombard St.*

Remarks, *Baltimore Ind.*

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 19/1893

4. Place of Birth, (Street and Number) No. 184 North Belvid St. Balt. Md.

5. Full Name of Mother, Katherine Hornumel

6. Mother's Maiden Name, Katherine Morickheim

7. Mother's Birthplace, Germany

8. Full Name of Father, Mathias Hornumel

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Caroline Miller

Address, No. 5 Water St. Baltimore Md.

Remarks,



It is the duty of every child shall be registered by the mother, or other person who makes this return, within the period above named, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall fail to comply with the provisions of this act shall be subject to a fine of ten dollars in each offence, to be recovered as other fines and penalties recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

154721
AUG
121
1887

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 19th

4. Place of Birth, (Street and Number)

146 Camden St

5. Full Name of Mother,

Maria Chert

6. Mother's Maiden Name,

Dannise

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Chert

9. Father's Occupation,

Barkeeper

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return

C. L. Buddenbrook

Address,

166 S. Ducent

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

65470
AUG 23 1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race) *Coloured*

3. Date of Birth *Aug 19th 1885*

4. Place of Birth (Street and Number) *Baltimore No 4 Marie Court*

5. Full Name of Mother

6. Mother's Maiden Name *Virginia Gertrude Smith*

7. Mother's Birthplace *Virginia*

8. Full Name of Father *John Morely*

9. Father's Occupation *an Stevedore*

10. Father's Birthplace *South Carolina*

Name of Medical Attendant, or other Person who makes this Return.

Address

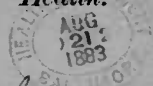
Remarks *Mrs Francis Granby*

Registrar, having carefully examined the return, and being satisfied that the child was born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 (fourth)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

8 o'clock A.M. Sunday Aug 17th 1883

4. Place of Birth, (Street and Number)

No 102 Chesapeake St

5. Full Name of Mother

Lucy F Francis

6. Mother's Maiden Name

Dashiell

7. Mother's Birthplace

Wyeomco Co Md

8. Full Name of Father

Albert Francis

9. Father's Occupation

Painter

10. Father's Birthplace

Chester Co Penna

Name of Medical Attendant, or other Person who makes this Return.

J. E. Prichard M.D.

Address

28 O'Donnell St

Remarks

Head presentation dry labor used Forceps

both mother and child are doing well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

20

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

19th August 1883
Baltimore N. 15 Miller St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Margaret Ann Carmine
Margaret White

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William James Carmine
Gas. Meter Repairer

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Oliver

Address,

183 N. Eden St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG
21
1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1st

1. Sex, (state whether male or female) ...

Male

2. Race or Color, (if not of the white race) ...

White

3. Date of Birth, ...

Aug 19th

4. Place of Birth, (Street and Number)

Weston 179 W Hoffman

5. Full Name of Mother, ...

Mary Ruth

6. Mother's Maiden Name, ...

Mary Phipps

7. Mother's Birthplace, ...

Pa

8. Full Name of Father, ...

Thos De Currey Ruth

9. Father's Occupation, ...

Corn Merchant

10. Father's Birthplace, ...

Rich. Tenn. Co

Name of Medical Attendant, or other Person who makes this Return

C. B. Gable M.D.

Address, ...

59 Cathedral

Remarks, ...

RETURN OF A BIRTH

479

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19 August

4. Place of Birth, (Street and Number) 77 Biddle St

5. Full Name of Mother, Lizzie Charles

6. Mother's Maiden Name, Annenschmidt

7. Mother's Birthplace, Hannover

8. Full Name of Father, Leonard Charles

9. Father's Occupation, cigar maker

10. Father's Birthplace, Bayren

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Miller
78 Hallard St

Address,

Remarks,

Balt

of the parents, and the maiden name of the mother of such child or children."

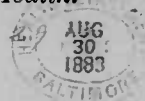
RETURN OF A BIRTH.

15480

To the Office of Registrar of Vital Statistics, Board of Health.

Name - Lena Caroline King **BALTIMORE CITY.**

Augst



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex (state whether male or female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 19 1883*

4. Place of Birth (Street and Number) *29 Thomas St*

5. Full Name of Mother *Matilda King*

6. Mother's Maiden Name *Matilda Simmons*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *Charles King*

9. Father's Occupation *Booker*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Louisa Smith*

Address *same as child*

Remarks

CERTIFICATE CORRECTED *9-11-84*

Lena Matilda King

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penal provisions may direct.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

11250 N. Eden St.

4. Place of Birth, (Street and Number)

Aug. 20th. 1883

5. Full Name of Mother,

Millie Brook

6. Mother's Maiden Name,

Millie Lince

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Brock

9. Father's Occupation,

Musician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

M. A. Butt

Address,

10185 S.E. cor Central av. & Monument St

Remarks,

All Well



RETURN OF A BIRTH

65452

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

August 20

3. Date of Birth,

August 20

4. Place of Birth, (Street and Number)

360 S. Sharp street

5. Full Name of Mother,

Louisa Schroter

6. Mother's Maiden Name,

Louisa Gundlock

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ernest S. Schroter

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Dr. W. H. M. M. M.

Address,

1 S. S. S. S. S.

Remarks,

RETURN OF A BIRTH

65483

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 20 of Aug

4. Place of Birth, (Street and Number)

No 122 122 Harford

5. Full Name of Mother.

Anna E. Slingerland

6. Mother's Maiden Name,

Anne Greene

7. Mother's Birthplace,

Chares Co N.Y.

8. Full Name of Father,

Faleson H. Greene

9. Father's Occupation,

Painter

10. Father's Birthplace.

Orange Co, N.Y.

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs Christina Sauer

Remarks,

177, Harford avy

At the City of Baltimore, this 21st day of August, 1883, I, the undersigned, being the mother of said child, do hereby certify that the foregoing is a true and correct copy of the original record of said birth, as the same appears from the records of said City.

RETURN OF A BIRTH

651484

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 20th 83

4. Place of Birth, (Street and Number) 181 N. Guilford Ave

5. Full Name of Mother, Mary Steward

6. Mother's Maiden Name, Mary Steele

7. Mother's Birthplace, Balt Md

8. Full Name of Father, Edw Steward

9. Father's Occupation, Maritime

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. W. Steward

Address, 143 N. Charles

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 20 ed 1883

4. Place of Birth, (Street and Number)

No 198 St. Peter st.

5. Full Name of Mother,

Elizabeth Grokop

6. Mother's Maiden Name,

Schneider

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

John Grokop

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

America.

Name of Medical Attendant, or other Person who makes this Return

J. Schwaerz midwife

Address,

330 Hanover st.

Remarks,

should not be filled out by any other person than the mother, immediately thereafter. It shall then become the property of the Registrar of Vital Statistics, and shall be retained in his office for a period of ten years. If any person or persons who shall herein fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for a term not exceeding six months, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

65416

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Aug 20 1883

4. Place of Birth, (Street and Number)

Waterloo 161 W. Lombard

5. Full Name of Mother,

Annie Jones (Col)

6. Mother's Maiden Name,

unknown

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

my

9. Father's Occupation,

my

10. Father's Birthplace,

W. Lombard

Name of Medical Attendant, or other Person who made this Return

Address,

161 W. Lombard

Remarks,

RETURN OF A BIRTH

65487

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 22nd 1883.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, August 20th

4. Place of Birth, (Street and Number) 92 Register St.

5. Full Name of Mother, Rosa Schaab.

6. Mother's Maiden Name, Rosa Herman.

7. Mother's Birthplace, America.

8. Full Name of Father, Henry Schaab.

9. Father's Occupation, Truck Manufacturer.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return

Mrs. Mary Amund.

Address, No. 137 S. Wolfe St.

Remarks, AP.



the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of any other person he or she may designate upon the mother, infanticide, if shall then become the duty of the parent or parents of such child to report its birth to the board of health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than ten dollars and shall be liable to a civil action to be recovered therefor.

Baltimore City



Male

.....

August 30/32

157 *Castroville* 1893

Winn. H. B.

Wien

Government

Freeholder

Superior

George C. ...

Mrs Louise Knapp

236 *Quercus* *Rob.*

been, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

65419
AUG
24
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth. Aug 20/88.
4. Place of Birth (Street and Number) 192 Harlem Ave.
5. Full Name of Mother. Harriet F. Bussey.
6. Mother's Maiden Name. Harriet F. Reeves.
7. Mother's Birthplace. Virginia.
8. Full Name of Father. Thomas Henry Bussey.
9. Father's Occupation. Salesman.
10. Father's Birthplace. West Hancock Me.
Name of Medical Attendant, or other Person who makes this Return. John C. Pennington M.D.
Address. 134 N. Carroll Ave.
Remarks.

RETURN OF A BIRTH,

15490

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.
Male

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug. 20 1883

4. Place of Birth, (Street and Number)

87 Hill St.
Thomas Croghan

5. Full Name of Mother

6. Mother's Maiden Name

" McFly

7. Mother's Birthplace

Ireland

8. Full Name of Father

Thomas Croghan

9. Father's Occupation

Distanna's Paper & Book Binder

Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Edward J. McDevitt

Address

574 Wisconsin St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

60491

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st -
Male
white

Aug. 20 1883

15-2

Ida

Wear

Watson

Balt.

Roman Wear

Confession

Balt.

W. Shull M.D.

143 N. Enoch St

should no other person be in attendance upon the mother, then, after the birth, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Births, Deaths, and Marriages, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of the foregoing section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 20, 1883
4. Place of Birth, (Street and Number) No 2 Stocton al
5. Full Name of Mother, Kate Modock
6. Mother's Maiden Name, Howard
7. Mother's Birthplace, Towson town Balt. Co.
8. Full Name of Father, Thomas Modock
9. Father's Occupation, Labourer
10. Father's Birthplace, Annapolis Md
- Name of Medical Attendant, or other Person who makes this Return Chas H Proctor
- Address, 10 Carlisle st
- Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

male

white

Aug. 20, 1893

182 N. Bay

Kellie Hunt

Love

Balti

Henry Hunt

Balti

Balti

D. Street M.D.

148 N. Exeter St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

AUG
23
1883

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 20th 1883

4. Place of Birth, (Street and Number)

Boston St No 207

5. Full Name of Mother,

Millie Anna Lechman

6. Mother's Maiden Name,

do Miller

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Geo C Lechman

9. Father's Occupation,

Proccr

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant,

or other Person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park dr

Remarks,

Penalty for failure to file a return. If an individual neglects to file a return, he shall be liable to a fine of ten dollars, or to imprisonment for a term of not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. If a parent or guardian neglects to file a return, he shall be liable to a fine of ten dollars, or to imprisonment for a term of not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. If a physician neglects to file a return, he shall be liable to a fine of ten dollars, or to imprisonment for a term of not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. If a person neglects to file a return, he shall be liable to a fine of ten dollars, or to imprisonment for a term of not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 26: 83
4. Place of Birth, (Street and Number) 271 Madison Ave
5. Full Name of Mother, Rachel Medding Chappell
6. Mother's Maiden Name, Medding
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip E. Chappell
9. Father's Occupation, Book Keeper
10. ☒ Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return D. B. Williams
- Address, 201 Madison Ave
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
24
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 20th

4. Place of Birth, (Street and Number)

271 West Fayette Street

5. Full Name of Mother,

Louisa Kraemer

6. Mother's Maiden Name,

Becker

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry Kraemer

9. Father's Occupation,

Manager of the Carriage & Toy Co.

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

(midwife)

Madame Dumlau

Address,

60 No Schroeder St

Remarks,

Baltimore Md Aug 29/83

In this certificate, state the full name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 20, 1883

4. Place of Birth, (Street and Number)

Pratt St, near Southern

5. Full Name of Mother,

Lea Jones

6. Mother's Maiden Name,

Lea Owens

7. Mother's Birthplace,

Littleville Md

8. Full Name of Father,

James Jones

9. Father's Occupation,

laborer

10. Father's Birthplace,

West River

Name of Medical Attendant, or other Person who makes this Return

Mary C Jones

Address,

2017 Webster St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a person qualified to become the midwife, and the mother shall be liable to a fine of ten dollars for each offense, to be recovered as other laws and regulations shall provide. The duty of the parent or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and regulations shall provide.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 20th 1883*

4. Place of Birth, (Street and Number) *101 Low st*

5. Full Name of Mother, *Fanny Macdonald*

6. Mother's Maiden Name, *" Sigle*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Isaac Macdonald*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, *Mrs. E. Bernstein*
or other Person who makes this Return

Address, *112 E. Lombard st*

Remarks,



of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

18499

To the Office of Registrar of Vital Statistics, Board of Health,

Name of child: **BALTIMORE CITY.**

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mary S. Hepburn 5th*

AUG
30
1883
BALTIMORE

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *20th August - 1883*
4. Place of Birth, (Street and Number) *No 387 Scott St - Hepburn*
5. Full Name of Mother, *Ellen E. (Heppern) Hepburn*
6. Mother's Maiden Name, *Ellen E. Faunce*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles (Heppern) Hepburn*
9. Father's Occupation, *Cas. Inspector*
10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 21. 1885 6 a.m.
4. Place of Birth, (Street and Number) 218 Constitution St.
5. Full Name of Mother, Mary M Brumble
6. Mother's Maiden Name, " " Randall
7. Mother's Birthplace, Penna.
8. Full Name of Father, William Brumble
9. Father's Occupation, R.R. Employee
10. Father's Birthplace, N. C.

Name of Medical Attendant, or other Person who makes this Return G Lane Tansyhill

Address, 219 Madison Ave.

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and costs are recovered.

RETURN OF A BIRTH

65501

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 birth

1. Sex, (state whether male or female)

girl
Coi
Weit

2. Race or Color, (if not of the white race)

3. Date of Birth,

21 August

4. Place of Birth, (Street and Number)

674 Duham Street No 25

5. Full Name of Mother,

Island Men

6. Mother's Maiden Name,

11 Hueggemoir

7. Mother's Birthplace,

Osna bruck

8. Full Name of Father,

Heinrich Hueggemoir

9. Father's Occupation,

10. Father's Birthplace,

Osna bruck

Name of Medical Attendant, or other Person who makes this Return

Dr. Hauer

Address,

Remarks,

Lombard Street No 248

On the parents, and the name of the mother of such child or children.

RETURN OF A BIRTH

15502

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

21st August

4. Place of Birth, (Street and Number)

Indian Village

5. Full Name of Mother,

Ann Elizabeth Barry

6. Mother's Maiden Name,

Ann Elizabeth Brooks

7. Mother's Birthplace,

Harford County Md

8. Full Name of Father,

William Barry Barry

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore County Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

born, his or their physical condition, whether sick or not, the date, name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

place of the birth, and the said schedule shall be delivered, duly signed, duly signed, duly signed, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in attendance upon the mother, to report the birth of such child to the Board of Health, within the period or periods therein prescribed, and to cause the same to be duly recorded, and to pay to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21st 1883

4. Place of Birth, (Street and Number) No. 221 N. Bond St.

5. Full Name of Mother, Ella Yorkrott

6. Mother's Maiden Name, Ella Wunderlich

7. Mother's Birthplace, Germany

8. Full Name of Father, George Yorkrott

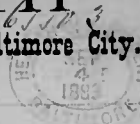
9. Father's Occupation, Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return H. V. Burt

Address, No. 185 E. Cal. Central avd Monument St

Remarks, All Well



certificates, but when the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above stated, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with this provision or regulation shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and penalties now in force.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21st, 1883

4. Place of Birth, (Street and Number) No. 4 Miller St.

5. Full Name of Mother, Mary Carl

6. Mother's Maiden Name, Mary Holzman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Carl

9. Father's Occupation, Cloth Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return W. F. Butt

Address, No. 185. SE cor Central av. & Monument St.

Remarks, All Well



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May 1883

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Frank Darr

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Baltimore, Md.

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424 CITY MINTING AND STATIONERS

certificates between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or persons of such child to report its birth to the Board of Health in the manner and within the period above prescribed, and if any person shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence to be recovered as other laws and penalties herein provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 21st August
4. Place of Birth, (Street and Number) 451 Eastern Avenue
5. Full Name of Mother, Martha Shenik
6. Mother's Maiden Name, Martha Disquith
7. Mother's Birthplace, America
8. Full Name of Father, Arnold Shenik
9. Father's Occupation, Laborer
10. Father's Birthplace, America
- Name of Medical Attendant, or other Person who makes this Return Sarah Cooper
- Address, 72 E. Lombard St.
- Remarks, _____



In case the birth of a child shall occur without the attendance of a physician, or of a midwife, or of a nurse, or of any other person to in at instance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents to cause such child to be reported to the Board of Health, in the manner, and within the period above stated, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars and imprisonment for not more than thirty days.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3.)*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 21. 1883.*

4. Place of Birth, (Street and Number) *No 156 E. Eueger St.,*

5. Full Name of Mother, *Anna Hemel*

6. Mother's Maiden Name, *Roepel*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Hemel*

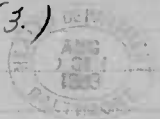
9. Father's Occupation, *Weber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Josephina Konrad*

Address, *No 20 Barnes Str*

Remarks, _____



Д 5509

470

Male

Colored

Aug 21st 1883

Sterling St 88

Shirley Holmes

Shirley Brice

Baltimore city MD

George Holmes

Laborer
 2 1/2

Baltimore city Md

Harriett Jackson

No 5 Forest-H-

Baltimore City Md

436 THE PLANTER AND STATISTICAL

verificate, between the first and third day of each and every month to the Board of Health. To cause the birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery or shall be attended by any person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, and each offense shall be recoverable as other fines and penalties are recoverable.

272
1883

The 7

male

6 days.

21 of August

No 12^o Rhinallcy

Hester, Gross

6. *Chelidonium majus*

Coldest country

[illegible]

44-38861-1000 or other Person who *Miller, L.*

Milley Gross

19th November

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 21 August

4. Place of Birth, (Street and Number) 29 Stirling St

5. Full Name of Mother, Luise Hoeck

6. Mother's Maiden Name, " Johnson

7. Mother's Birthplace, Balt.

8. Full Name of Father, Stephan Hoeck

9. Father's Occupation, wagon driver

Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Ullig
48 Holland St

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

15512

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY..

OCT
4
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)...

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 21/83

4. Place of Birth, (Street and Number)

73 E. 3rd St.

5. Full Name of Mother,

Eliza Hammond

6. Mother's Maiden Name,

" Leoffe

7. Mother's Birthplace,

England

8. Full Name of Father,

Joseph Hammond

9. Father's Occupation,

Butler

10. Father's Birthplace,

England.

Name of Medical Attendant, or other Person who makes this Return.

Wm. Mansfield M.D.

Address,

117 S. Bondway

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

9

Male

White

August 21

9 Church St South Balto

Mollie Kelly

Mollie M. Lightson

Dorchester Md

James E. Kelly

S. Machine agent

Dorchester Md

New China Wash

1883

RETURN OF A BIRTH

65514

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... *2nd*
1. Sex, (state whether male or female) ... *Female*
2. Race or Color, (if not of the white race) ... *White*
3. Date of Birth, ... *Aug 31st 1893*
4. Place of Birth, (Street and Number) ... *457 Madison St.*
5. Full Name of Mother, ... *Julia Mitchell*
6. Mother's Maiden Name, ... *Julia Stafford*
7. Mother's Birthplace, ... *Baltimore*
8. Full Name of Father, ... *John W. Mitchell*
9. Father's Occupation, ... *Doctor*
10. Father's Birthplace, ... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. ... *Dr. J. W. Mitchell*
- Address, ... *155 Montross St*
- Remarks,

should not other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall thereafter fail to comply with the provisions of this act shall be subject to a fine of not less than

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

28
1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth. August the 21st
4. Place of Birth, (Street and Number) Baltimore Johnson St. No. 298
5. Full Name of Mother. Frances Jackson
6. Mother's Maiden Name. Thompson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Jackson
9. Father's Occupation, labour
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return Elizabeth Hathorn
- Address, William St No 344
- Remarks, _____

duty of the parent or parents or such child to report its birth in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

65516
5th
AUG 23 1893
BALTIMORE

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

21st August

4. Place of Birth, (Street and Number)

Quanton

8 Bering St

5. Full Name of Mother,

Mary Jane Campbell

6. Mother's Maiden Name,

Maley

7. Mother's Birthplace,

England

8. Full Name of Father,

John Campbell

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address No 12 Patterson Park av

Remarks:

any of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st of August

4. Place of Birth, (Street and Number)

109 Patterson street

5. Full Name of Mother,

Keatie Eberhardt

6. Mother's Maiden Name,

Keatie Stickline

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Eberhardt

9. Father's Occupation,

Can Maker

10. Father's Birthplace,

Washington Road

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address, 12 Patterson Park av

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6) child*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 21st 1883*
4. Place of Birth (Street and Number) *60 Stiles St*
5. Full Name of Mother *Emma Wolf*
6. Mother's Maiden Name *Fischer*
7. Mother's Birthplace *Balto. Md.*
8. Full Name of Father *Adam Wolf*
9. Father's Occupation *Copper*
10. Father's Birthplace *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Francis J. Bauer M.D.*
- Address *105 N. Central Ave.*
- Remarks

RETURN OF A BIRTH

65519

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).....

Female

2. Race or Color, (if not of the white race).....

Colored.

3. Date of Birth,

23rd July

4. Place of Birth, (Street and Number)

133 Preston St.

5. Full Name of Mother,

Victorine Haywood

6. Mother's Maiden Name,

" Brooks.

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

Frank Haywood.

9. Father's Occupation,

Porter.

10. Father's Birthplace,

Balt. Co

Name of Medical Attendant, or other Person who makes this Return.

L. R. Rivas.

Address,

118 Cathedral St.

Remarks,



RETURN OF A BIRTH

65530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

2. Sex, (state whether male or female) ...

Female

3. Race or Color, (if not of the white race) ...

White

4. Date of Birth, ...

Aug 21 1883

5. Place of Birth, (Street and Number) ...

193 George St

6. Full Name of Mother, ...

Kate R. Wane

7. Mother's Maiden Name, ...

Deut

8. Mother's Birthplace, ...

St Mary Co Md

9. Full Name of Father, ...

J. Edward Wane

10. Father's Occupation, ...

House Painter

11. Father's Birthplace, ...

B C

Name of Medical Attendant, or other Person who makes this Return

Harvey L. Wane

Address, ...

Calhoun or Edmondson ave

Remarks, ...



RETURN OF A BIRTH.

65521

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 22.

4. Place of Birth (Street and Number)

310 Orleans St

5. Full Name of Mother

Maria

6. Mother's Maiden Name

Betz

7. Mother's Birthplace

Germany

8. Full Name of Father

Arnold Miller

9. Father's Occupation

Baller

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Shellerbach M.D.

Address

137 W. Fayette St.

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

AUG 27 1883

August 22/83

in Baltimore

Mary Magnusup

York

Baltimore

Harold Magnusup

Cigar Maker

Baltimore

Mrs. Louis Krap

236 Canton St

should no other person be in attendance upon the mother, and the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this law, shall be liable to a fine of ten dollars to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 22, 1883*

4. Place of Birth, (Street and Number) *L. Wolfe St. No. 19 223*

5. Full Name of Mother, *Anna R. Miller*

6. Mother's Maiden Name, *Anna R. Reysinger*

7. Mother's Birthplace, *Rosenthal, Prussia, Germany*

8. Full Name of Father, *Johann F. Miller*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Halsmersheim, Gr. Baden, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *14 S. Calver St. No. 26*

Remarks, _____



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

date of the birth or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

65 57 11
AUG
24
1893

Boys
White
August 27th
No. 36 Bank St
Mary Anna Prince
" " Kears
Germany
Francis Anton Prince
Cigar maker
Germany
Sophia Simon
No. 78 Grand St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 22nd*

4. Place of Birth, (Street and Number) *N. 1821 W. Pratt St.*

5. Full Name of Mother, *Margaret Scheller*

6. Mother's Maiden Name, *Braun*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Anton Scheller*

9. Father's Occupation, *Factory Worker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. J. J. J.*

Address, *N. 70 Granby St.*

Remarks,

should no other person be in at a distance report the mother, immediately thereafter, if small then leaving the duty of the parent or parents if such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall knowingly and wilfully fail to comply with the provisions of this subject to a fine of ten dollars and costs, and to imprisonment for not more than thirty days, or to both.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 65427

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether male or female)

Males

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 22nd 1893

4. Place of Birth, (Street and Number)

1st 46 Warren ave

5. Full Name of Mother,

Ella Krause

6. Mother's Maiden Name,

Ella M^e. Allister

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Fred. A. Krause

9. Father's Occupation,

Undertaker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

*Mary Brock
328 South Eutaw St.
Balt*

Address,

Remarks,

RETURN OF A BIRTH, 1893

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

name of the mother of such child or children.

duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Twelve

1. Sex, (state whether male or female)

male colored

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

22 August

4. Place of Birth, (Street and Number)

71 Johns Alley

5. Full Name of Mother,

Sophia Bacon

6. Mother's Maiden Name,

Sophia Garret

7. Mother's Birthplace,

Howard Co

8. Full Name of Father,

William Bacon

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Howard Co

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH,

6553a

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



6. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth August 29th 1883
4. Place of Birth, (Street and Number) So. 2288 1/2 1st avenue
5. Full Name of Mother Margaret Ann Barry
6. Mother's Maiden Name Margaret Ann Skellern
7. Mother's Birthplace Virginia
8. Full Name of Father Michael Barry
9. Father's Occupation Laborer
10. Father's Birthplace Maryland
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Cornall midwife
- Address No 217 1st avenue
- Remarks mother drawing well child very sick
i think it will die

RETURN OF A BIRTH

11531

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 29 1883

4. Place of Birth, (Street and Number)

55 Greenmount Ave

5. Full Name of Mother,

Elizabeth Gerner

6. Mother's Maiden Name,

E. Elizabeth Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph F. Gerner

9. Father's Occupation,

File Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sarah Hordlin

Address,

120 Greenmount Ave

Remarks,

A mother Peter for the 5th Ward

RETURN OF A BIRTH

1532

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, August 22 1883
 4. Place of Birth, (Street and Number) Cross St 350
 5. Full Name of Mother, Cross St Maggie Simon
 6. Mother's Maiden Name, Maggie Simon
 7. Mother's Birthplace, Germany
 8. Full Name of Father, August Simon
 9. Father's Occupation, Tobacconist
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other Person who makes this return Amelia Bange
 Address.
 Remarks.

66, 53

A circular postmark from Baltimore, dated AUG 1911. The text "BALTIMORE" is at the bottom, "AUG" is at the top, and "1911" is in the center. There is a small number "1" to the left of the date.

Faust (1.)

Male.

White

No. 22, Abbott Str.

August 16, 1883

Marie Roubal

„ Vondracík

Rytkovic Bohemia.

Anton Roubal

Labor

Brézan Bohemia

or other Person who
makes this Return

Josephina Konrad

No 20 Barnes Str

CITY PRINTERS AND STATISTICIANS.

RETURN OF A BIRTH

655311

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Other's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

August 22nd 83

689 W. Balto St.

Alice Ponson

Carlier

Balto Md

Chas. A. Ponson

Police-man

Elbert C. C. C.

387 W. Lombard St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

65438
1st
Female
White
Aug 22nd 1883
110 Lee St
Annie Cowell
" Cottus
Baltimore
George Cowell
Sailor
Somerset Co Md
Theodore Cooke M.D.
146 Hanover St



To a fine of ten dollars for each offense, to be recovered, as other fines and penalties are recoverable.

RETURN OF A BIRTH.

65536

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12
 1. Sex (state whether Male or Female) male
 2. Race or Color (if not of the white race) colored
 3. Date of Birth 27 aug
 4. Place of Birth (Street and Number) 220 west st
 5. Full Name of Mother nancy stepney
 6. Mother's Maiden Name nancy chesie
 7. Mother's Birthplace prince george county
 8. Full Name of Father phillip stepney
 9. Father's Occupation cooper man
 10. Father's Birthplace white hall
 Name of Medical Attendant, or other Person who makes this return sheilla brooks
 Address 218 warner street
 Remarks strong well

born, in or near Maryland, whether born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

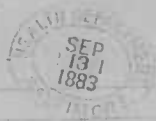
born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Duplicate

RETURN OF A BIRTH.

65537

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if~~ of the white race)

3. Date of Birth

Aug 22-1883

4. Place of Birth (Street and Number)

115 Harlem Ave

5. Full Name of Mother

Mrs Ella Emerrick

6. Mother's Maiden Name

Ella Linderman

7. Mother's Birthplace

Baltimore

8. Full Name of Father

David K. Emerrick

9. Father's Occupation

Book-Keeper

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

C. C. McDoull M.D.

Address

642 W. Fayette St.

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth
Male

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 22/83

4. Place of Birth (Street and Number)

30 Henrietta St

5. Full Name of Mother

Lizzie Harris

6. Mother's Maiden Name

" Walker

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Capt. Major Harris

9. Father's Occupation

Capt.

10. Father's Birthplace

Accomack Va

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. Lewis

Address

16 2 Hanover St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 children.

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Wednesday August 22nd 1883

4. Place of Birth, (Street and Number)

Baltimore Stockholm street No 31

5. Full Name of Mother.

Mrs Mary Jane Kelman

6. Mother's Maiden Name,

Mary Jane Ackers

7. Mother's Birthplace,

New York

8. Full Name of Father,

Wm. C. Bayne

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs Minnie Smith.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

August 22 83.
S. Schappel str. No 67
Barbara Schbler
Waldman
Balt.
Johann Schbler
Scriber
Balt.
Wm. J. Schbler
S. Schappel str. No 14

RETURN OF A BIRTH

15541

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

SEP
6
1883

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 22. 83

4. Place of Birth, (Street and Number)

L. Bittelste No 47

5. Full Name of Mother,

Paul Weber

6. Mother's Maiden Name,

Dierman

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Johann Weber

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

Wm. J. H. H. H. H.

Address,

L. Bittelste No 47

Remarks,

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Aug 23rd 1883

4. Place of Birth, (Street and Number)

121 Sharpe St.

5. Full Name of Mother

Mettie E. Jones

6. Mother's Maiden Name

Phillips

7. Mother's Birthplace

Balto

8. Full Name of Father

Lewis J. Jones

9. Father's Occupation

Sewing Machine

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lee

Address

Harmon & Barn St.

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

15543

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

male stillborn

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug 23, 1883

4. Place of Birth, (Street and Number)

19 W Fremont Street

5. Full Name of Mother,

Ella Branton

6. Mother's Maiden Name,

McComas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. S. Branton.

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Marjory Brewer MD

Address,

68 McCallum St.

Remarks,

to be filled in by the Registrar, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23 of August

4. Place of Birth, (Street and Number)

72 Booth Street

5. Full Name of Mother,

Elisabeth Arenz

6. Mother's Maiden Name,

Elisabeth Bay

7. Mother's Birthplace,

Marburg, Gr. Hessen Cassel

8. Full Name of Father,

John Arenz

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Marburg Hessen

Name of Medical Attendant, or other Person who makes this Return

Dr. K. L. L. L.

Address,

419 N. N. St.

Remarks,



should be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars.

consent, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

1554A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White race

3. Date of Birth

August 23rd 1883

4. Place of Birth, (Street and Number)

706 Light St.

5. Full Name of Mother

Kate Repstock

6. Mother's Maiden Name

Kard

7. Mother's Birthplace

Balto. Md.

8. Full Name of Father

John Repstock

9. Father's Occupation

Laborer

10. Father's Birthplace

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. V. Gams

Address

134 Light St.

Remarks

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and at the time, and to the officer or officers designated by the Board of Health, and if any person or persons shall refuse or neglect to do so, or shall thereafter fail to comply with the provisions of this section, he or she, or each of them, shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Board of Health, and such officers, to be designated as other than and persons are now provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August the 23rd 1883*

4. Place of Birth, (Street and Number) *L. Caroline St. No. 176*

5. Full Name of Mother, *Julie Müller*

6. Mother's Maiden Name, *Julie Müller*

7. Mother's Birthplace, *Spangenberg, Prussia Germany*

8. Full Name of Father, *Laure Müller*

9. Father's Occupation, *Box maker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant,

or other Person who makes this Return

Address, *W. Dallas St. No. 26*

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23rd August 1883*

4. Place of Birth, (Street and Number) *221 North Holl Street*

5. Full Name of Mother, *Kat Simon*

6. Mother's Maiden Name, *Kat Frank*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles Frank*

9. Father's Occupation, *Cigar-maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Cassius H. Kunkel*

Address, *11 North Chapel St. per father's house*

Remarks, *Healthy*

Birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth, to the Board of Health, in the case of such child to report the birth to the Board of Health, in the case of the mother, and within the period above specified, except in the case of the birth of a child which is found to be a still-born child, and any person who fails to do so, shall be liable to a fine of ten dollars, or to imprisonment for a term of not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3^d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 23^d 1883*
4. Place of Birth, (Street and Number) *Fredrick ave*
5. Full Name of Mother, *Helen Vaughan Lambert*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *B. C.*
8. Full Name of Father, *Leure ~~St~~ Lambert -*
9. Father's Occupation, *Clerk B & O. Exp.*
10. Father's Birthplace, *Pitt Pa.*
- Name of Medical Attendant, or other Person who
makes this Return *J. Harvey Hill M.D.*
- Address, *Calhoun St & Edmondson*
- Remarks, *"*

RETURN OF A BIRTH, 1889

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth Aug. 23/1883
4. Place of Birth, (Street and Number) 260 N. Market
5. Full Name of Mother Mary T. Coffey
6. Mother's Maiden Name Church
7. Mother's Birthplace Baltimore
8. Full Name of Father William M. Coffey
9. Father's Occupation Laborer
- Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this return. Edward P. Morris
- Address 54 Maryland St.
- Remarks _____

name of the mother of such child or children.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
should an other person be in attendance upon the mother, immediately thereafter, it shall then become the
duty of such child or parents of such child to report its birth to the Board of Health, in the manner, and
within the period, and under the penalties, provided in and under the act relating to illegitimate children, and
any person or persons who shall hereafter fail to comply with the provisions of said act shall be subject
to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and pen-
alty, and such offence, to be recovered as other fines and pen-
alties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

German White

3. Date of Birth,

23rd of August 1883

4. Place of Birth, (Street and Number)

Carver Centy Dillan St 194

5. Full Name of Mother,

Juli Erlichmann

6. Mother's Maiden Name,

Juli Reimke

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Erlichmann

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Geo. Hill

Address,

23 Lancaster Street

Remarks,

Well and Healthy

15551

born, its or their physical condition), whether still born or not, the full name, nativity, and residence of the parents, and the relation name of the mother of such child or children.

100
100
100

Male

negro

Aug. 23^d 1883

Number) No. 129 Chestnut-st.

Sally Hammond

Sally Smith

Howard Co. Md.

Andrew Hammond

Porter

Frederick & Co. Inc.

F. B. Gardner

120 W. Greene St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6552

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
24
1883

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 2 McMechin St
4. Place of Birth (Street and Number) 23^d Aug. 83
5. Full Name of Mother Mary Edwards
6. Mother's Maiden Name
7. Mother's Birthplace Balt.
8. Full Name of Father Thomas Edwards
9. Father's Occupation Teacher
10. Father's Birthplace Balt.
Name of Medical Attendant, or other Person who makes this Return.
Address W. O. O'Leary
Remarks 364 Madison Ave

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1 of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Female

White

Aug 23

402 225 Light St

Catherine Hines

" Minty

City
Patrick Hines

Laborer

England

Dr. C. Burch T. H.

15 N. Hanover St

On the "Parents", and the "Maiden Name of the mother of such child" or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

15557

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd,
1. Sex (state whether male or female) Female,
2. Race or Color (if not of the white race) White
3. Date of Birth August 23rd 1883.
4. Place of Birth (Street and Number) 79 S Eden St.
5. Full Name of Mother Laura V Walker.
6. Mother's Maiden Name " " Freeman.
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Nathaniel B Walker.
9. Father's Occupation Sea Captain.
10. Father's Birthplace Kingston Jamaica.
Name of Medical Attendant, or other Person who makes this Return. A. W. Cuthbert, M.D.
Address 217 Broadway.
Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 23.

4. Place of Birth, (Street and Number)

Bearss. St. No 40

5. Full Name of Mother,

Hedelbeck Shaper

6. Mother's Maiden Name,

Hedelbeck Burr

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Shaper

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Margie Ellis

Address,

No 13 Cuba St

Remarks,

RETURN OF A BIRTH *1556*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *6th.*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

23d of August.

4. Place of Birth, (Street and Number)

70 N. Elden St.

5. Full Name of Mother,

Miss E. Lizzie Schr.

6. Mother's Maiden Name,

Miss E. L. Steinmiller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Mrs. Selvis Schr.

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Walter

Address,

125 N. 6 Caroline St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
3
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth (5)
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 22d 1883

4. Place of Birth, (Street and Number)

1422 Gayles & Ben St

5. Full Name of Mother,

Josephine Williams

6. Mother's Maiden Name,

McAllister

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John W. Magnus

9. Father's Occupation,

Chair Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Maguire & Co. Dr.

Address,

1847 1/2 E. St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person acting in the mother's behalf, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subject to a fine of ten dollars, and each offender, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, August 23rd 1883

4. Place of Birth, (Street and Number) 26 Hull St

5. Full Name of Mother, Maria Ehrman

6. Mother's Maiden Name, Herst

7. Mother's Birthplace, City

8. Full Name of Father, Fredrick Ehrman

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, _____

or other Person who makes this Return

Address, 126 Bank St

Remarks, _____



RETURN OF A BIRTH

6559

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 23, 1883

4. Place of Birth, (Street and Number)

1118 E. Calver St.

5. Full Name of Mother,

Adelle Carter

6. Mother's Maiden Name,

Adelle Carter

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Solomon Carter

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. Milkenburg

Address,

121 N. Calver St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth child* *Katherine Anna Fischer*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 23 1883*

4. Place of Birth, (Street and Number) *165 Madearry al*

5. Full Name of Mother, *Emma Fischer*

6. Mother's Maiden Name, *Anne*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Fischer*

9. Father's Occupation, *Carnsmaker*

10. Father's Birthplace, *Darmstadt*

Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*

Address, *No 12 Patterson Park av*

Remarks, *GIVEN NAME ADDED. 2-11-52*



should no other person be in at residence upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

65561

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 28th 1888.

4. Place of Birth, (Street and Number)

53 Henrietta St.

5. Full Name of Mother,

Mary E. Romoser -

6. Mother's Maiden Name.

" Nowser -

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Alexander F. Romoser,

9. Father's Occupation,

Expressman -

Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other Person who makes this Return

R. J. H. Tall, M.D.

Address,

152 Sharp St.

Remarks.

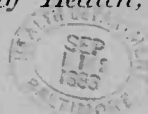


of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

1562

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *23 of August*
4. Place of Birth, (Street and Number) *159 Hudson Street*
5. Full Name of Mother, *Annie O'Rourke*
6. Mother's Maiden Name, *Annie Mahony*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *John O'Rourke*
9. Father's Occupation, *Heather*
10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return.

Mary L. Swaney
57 J. Lyerly.

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15563

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child

1. Sex, (state whether male or female)...

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

23 of August

4. Place of Birth, (Street and Number)

74 Rose Street

5. Full Name of Mother,

Mary Hurditchins

6. Mother's Maiden Name,

May Polk

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Theodore Hurditchins

9. Father's Occupation,

labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

May L Swany

Address,

59 Myerne

Remarks,

of the parents, and the maiden name of the mother of such child or children.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1556

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 23 1883

4. Place of Birth (Street and Number)

Hopk. St. near North ave, (County)

5. Full Name of Mother

Caroline Sadler

6. Mother's Maiden Name

Caroline Whitely

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John H. Sadler

9. Father's Occupation

Huckster

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Aug. C. Cleveland M.D.

Address

557 Hanford in care.

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 28th 1883

4. Place of Birth, (Street and Number)

Douglass St No 2

5. Full Name of Mother,

Louisa Johnson

6. Mother's Maiden Name,

Louisa Johnson

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Harriett Backson

Address,

No 5 - Harriet St

Remarks,

Baltimore City Md

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above provided, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

65566

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female) 4 males

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 23 1883

4. Place of Birth, (Street and Number) 37 paris St Bal

5. Full Name of Mother, Emma Bryant

6. Mother's Maiden Name, Emma Carter

7. Mother's Birthplace, Carroll county Md

8. Full Name of Father, James Bryant

9. Father's Occupation, Watchman

10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return Mrs D Keller

Address, 792 Pratt St Bal

Remarks,

of the parent, and the maiden name of the mother of such child or children."

[illegible]

111
11/16/1963
Baltimore City
BALTIMORE DEP.
416
131
1283
BALTIMORE DEP.

4

Male

00000-00000

23rd August

107 Madison St

Lizzie McComb

Lizzie Howell

Germany.

John Meisel

Miller Dairy

Germany

Sarah Cooper

72 E. Lombard St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

~~228~~ 31 August

3. Date of Birth,

71 S. E. corner St. 23rd Aug

4. Place of Birth, (Street and Number)

71 S. E. corner St.

5. Full Name of Mother,

E. Rose

6. Mother's Maiden Name,

Ellen McGinnis

7. Mother's Birthplace,

America

8. Full Name of Father,

John Rose

9. Father's Occupation,

laborer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard St

Remarks,

every person who shall neglect to cause the return of a birth of any child shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. Any person who shall neglect to cause the return of a birth of any child shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. Any person who shall neglect to cause the return of a birth of any child shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 24th. 1883*

4. Place of Birth, (Street and Number) *No. 348 Durham St.*

5. Full Name of Mother, *Maggie Champion*

6. Mother's Maiden Name, *" Lingham*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Champion*

9. Father's Occupation, *Fire-shed Iron worker*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return *M. A. Butts*

Address, *No. 155 E. or Central av. Monument St.*

Remarks, *All Well*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person, as to attendance upon the mother, immediately thereafter, it shall be deemed and held that the person so attending the mother, or the person so attending the child, shall be deemed and held to be a practitioner of midwifery, and shall be liable to the same penalties as are provided for in this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

[illegible]

Baltimore City.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 24th 1883

4. Place of Birth, (Street and Number) No. 93 Somerset St.

5. Full Name of Mother, *Mary Loening*

6. Mother's Maiden Name, Mary Wagner

7. Mother's Birthplace, Belmont

8. Full Name of Father, Ngân Hoàng

9. Father's Occupation, Copper Miner

10. Father's Birthplace, Washington St.

Name of Medical Attendant, or other Person who makes this Return B. J. [Signature]

Address, No 185 E. 5th Central av. & Monument St.

Remarks, *All Well*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65571

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug 24th 1883*
4. Place of Birth (Street and Number) *296 E. Madison St.*
5. Full Name of Mother *Laura A. Citel*
6. Mother's Maiden Name *Conner*
7. Mother's Birthplace *Frederick Md.*
8. Full Name of Father *Eustace A. Citel*
9. Father's Occupation *Manager, Morris Neckwear*
10. Father's Birthplace *Balto Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Egidia A. Conner*
- Address *296 E. Madison St.*
- Remarks

birth of any child shall occur without the attendance of a physician, or of a person specially qualified for the purpose, and the mother shall be liable to a fine of ten dollars should no other person be in attendance at the birth of such child to report its birth in the manner, and within the time, and under the penalty, provided in this section shall be subject to a fine of ten dollars should any person or persons fail to comply with the provisions of each offence, to be recovered as other fines and penalties are recoverable.

20 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Aug 24 1883*
4. Place of Birth, (Street and Number) *418 N. Carey St.*
5. Full Name of Mother, *Mary T. Bong*
6. Mother's Maiden Name, *Meier*
7. Mother's Birthplace, *Pennsylvania*
8. Full Name of Father, *Frank C. Bong*
9. Father's Occupation, *Paper Hanger*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return *W. H. W. M.D.*
- Address, *431 Penna. Ave.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 24th 1883

4. Place of Birth, (Street and Number)

Baltimore Parkin St. No. 54

5. Full Name of Mother,

Mary. Morgan
Burns

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Morgan

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

No. 58 Parkin St.

Remarks,

of live parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

August 2nd 1883

179 S. Union St.

Isabella Herman

Jacobson

Baltimore

Jacob Herman

Machinist

Baltimore

Mrs. Louise Kohn

236 Union St.

AUG 27 1883

Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the physician, or if no physician, by the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

the death of any child shall occur without the attendance of a physician or of a midwife, or of a nurse, or of any other person he is, in attendance upon that child, immediately thereafter to be taken to the residence of the parent or parents of such child to report to the board of health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and shall nevertheless fail to comply with the provisions of such section shall be subject to a fine of not more than \$100.00. Each offense, to be recovered as other fines and penalties are recoverable.

755711
Baltimore City
AUG 25 1883
BALTIMORE

Chile

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 24, 1883.
4. Place of Birth, (Street and Number), 1. Central Av., 13, 1883.
5. Full Name of Mother, Katharine Eigner
6. Mother's Maiden Name, Katharine Schult
7. Mother's Birthplace, Bald^o Wis.
8. Full Name of Father, John Eigner
9. Father's Occupation, Baker
10. Father's Birthplace, Bald^o Wis.

Mary E. Koller

W. Dallas Sp. - No 26

Remarks.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1883
24

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female.

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 24th / 88.

4. Place of Birth (Street and Number)

25 N. Carroll St. W.

5. Full Name of Mother

Laura E. Wenderly

6. Mother's Maiden Name

Laura E. Ganser.

7. Mother's Birthplace

Wilmington Va.

8. Full Name of Father

Geo. W. Wenderly.

9. Father's Occupation

Salesman.

10. Father's Birthplace

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

John S. Pomeroy M.D.

Address

134 N. Carroll St. W.

Remarks

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person or persons designated by the Board of Health, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex, (~~state whether~~ male or female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

August 24th 1889.

430 Spratoga St.

Lillian Adair.

Lillian Frankne.

Baltimore City.

Herman S. Appel.

Merchant.

Heddin Germany.

John L. G. Knight, M.D.

273. Lexington St.



born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65578

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) _____
3. Date of Birth August 24
4. Place of Birth (Street and Number) Baltimore Ridgely St No 142
5. Full Name of Mother Annie Dunnival
6. Mother's Maiden Name Annie Rushmore
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Dunnival
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs M. Shaffer
- Address 114 Ridgely St.
- Remarks _____

RETURN OF A BIRTH

1579

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Aug 24th

4. Place of Birth, (Street and Number)

708 Saratoga St

5. Full Name of Mother,

Rosa Reeler

6. Mother's Maiden Name,

Thornton

7. Mother's Birthplace,

W. Va

8. Full Name of Father,

William Reeler

9. Father's Occupation,

Farmer

10. Father's Birthplace,

W. Va

Name of Medical Attendant, or other Person who makes this Return

W. H. H. M. D.

Address,

53 N. E. 1st St

Remarks,

RETURN OF A BIRTH

6558

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 24-1893

4. Place of Birth, (Street and Number)

338 Myrtle St

5. Full Name of Mother,

Iola O'Neill

6. Mother's Maiden Name,

Iola Kinnell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John B. O'Neill

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

R. H. McIlhenny

Address,

121 W. Lombard St

Remarks,

RETURN OF A BIRTH.

65581

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

Aug 24

4. Place of Birth (Street and Number)

236 William St

5. Full Name of Mother

Laura Slagel

6. Mother's Maiden Name

" Stewart

7. Mother's Birthplace

" "

8. Full Name of Father

John Slagel

9. Father's Occupation

Barber

10. Father's Birthplace

" "

Name of Medical Attendant, or other Person who makes this Return.

Wm. P. Ellis

Address

312 Light

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

1552

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug. 24th 1883*
4. Place of Birth, (Street and Number) *205 N. Wolfe St.*
5. Full Name of Mother, *Mary Jane Brashers*
6. Mother's Maiden Name, *Britchett*
7. Mother's Birthplace, *Anne Arundell Co., Md.*
8. Full Name of Father, *Frank Brashers*
9. Father's Occupation, *Chalk*
10. Father's Birthplace, *Anne Arundell Co., Md.*
- Name of Medical Attendant, or other Person who makes this Return *C. L. Bras M.D.*
- Address, *375 E. Balto. St.*
- Remarks, *Child Healthy*



15553

BALTIMORE CITY.

5-10

- Family
 White
 Aug 25th 1883
 Cor Broadway & Chase
 Francis Keefe
 Francis Hubbard
 Baltimore
 John Keefe
 Druggist
 Baltimore
 21 Bebb, Ind
 50 Warren St

2 Baltimore
2 Beale, Ind
50 Warren av

Remarks.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 25 1883

4. Place of Birth, (Street and Number)

104 N. Frederick St.

5. Full Name of Mother,

Mary Hillen

6. Mother's Maiden Name,

Kemp

7. Mother's Birthplace,

England

8. Full Name of Father,

Louis H. Hillen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

Chas. A. Allwell

Address, 281 N. Bond St.

Remarks,

should no other person be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the parent or person in charge of such child to report its birth to the Board of Health, in the manner provided within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3rd

AUG
27
1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 23rd 1883

4. Place of Birth, (Street and Number)

Baltimore Lombard St. N. 24

5. Full Name of Mother,

Annie Darby

6. Mother's Maiden Name,

Shacknessy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Peter Darby

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Mitchell

Address,

N. 38 Parkin St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 25th*

4. Place of Birth, (Street and Number), *1170 South Central Ave.*

5. Full Name of Mother, *Vida Burns*

6. Mother's Maiden Name, *Ida Smith*

7. Mother's Birthplace, *Balti. Md.*

8. Full Name of Father, *Andrew J. Burns*

9. Father's Occupation, *Carter*

10. Father's Birthplace, *Balti. Md.*

Name of Medical Attendant, or other Person who makes this Return *Jayr Casper*

Address, *92 E. Lombard St.*

Remarks, *Born alive. Died a few minutes after on weakness.*

birth of any child shall occur without the attendance of a physician, or of a practitioner of matronry, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and in such cases the person or persons so required to report shall be the person or persons who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

AUG
27
1883

RETURN OF A BIRTH

65537

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 3.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 25. of August

4. Place of Birth, (Street and Number)

No. 167 Stirling, St.

5. Full Name of Mother,

Barbara Nigel

6. Mother's Maiden Name,

Barbara Schrober

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Peter Schrober

9. Father's Occupation,

Capnad maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs Cristina Lauer

Remarks,

173 Starper era.

Y 1883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 25. 1883*

4. Place of Birth, (Street and Number) *Clement St*

5. Full Name of Mother, *E. C. Noel*

6. Mother's Maiden Name, *E. C. Rose*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *J. W. Noel*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Noel*

Address, *No 13 Cuba St*

Remarks,

RETURN OF A BIRTH

65089

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 25th 1883
4. Place of Birth, (Street and Number) No 188 Edmondson Ave
5. Full Name of Mother, Eugenia Augusta Lumsden
6. Mother's Maiden Name, Hapwaldt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Clay Lumsden
9. Father's Occupation, Grocer
10. Father's Birthplace, Lancaster, Pa
- Name of Medical Attendant, or other Person who makes this Return. E. W. Hice
- Address, 172 W. Carey St
- Remarks, Child Born 15 minutes before 12 o'clock at night

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6570

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG.
28
1893

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Aug 25th 1893

4. Place of Birth (Street and Number)

564 S Charles st

5. Full Name of Mother

Fannie Combs

6. Mother's Maiden Name

Parks

7. Mother's Birthplace

Baltimore Co. Md

8. Full Name of Father

Domerillo Combs

9. Father's Occupation

Father

10. Father's Birthplace

Stafford Co. Virginia

Name of Medical Attendant, or other Person who
makes this Return

C. S. Cooke M.D.

Address

110 East Ave

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) _____
3. Date of Birth *August 25-*
4. Place of Birth (Street and Number) *Baltimore Ridgely st #108*
5. Full Name of Mother *Louetta Burkhardt*
6. Mother's Maiden Name *Lucetta Purnell*
7. Mother's Birthplace *Pittsburgh Pa.*
8. Full Name of Father *George Burkhardt*
9. Father's Occupation *Glass blower*
10. Father's Birthplace *Alleghany County Pa.*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Thoffer*
- Address *114 Ridgely st.*
- Remarks _____

61592

U.S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.
AUG 28 1883
THE O...

5th.

Female

White

25th of August.

117 N. Jefferson St.

Mrs. Strong

Mrs. Slater

Baltimore

Wesley B. Strong

Baltimore Labor Note.

Baltimore

Mary Walter

125 N. Carlisle

THE UNIVERSITY OF ALABAMA

RETURN OF A BIRTH

6593

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

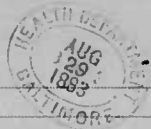
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 15 of August 1883
4. Place of Birth, (Street and Number) 71 Peason St.
5. Full Name of Mother, Kamaldene Kaselhorst
6. Mother's Maiden Name, K. Binger
7. Mother's Birthplace, Bresia, Germany
8. Full Name of Father, Wilhelm Kaselhorst
9. Father's Occupation, Worker
10. Father's Birthplace, Bavaria, Germany
- Name of Medical Attendant, or other Person who make the return Miss Miller
- Address, 1017 N. Hall St.
- Remarks.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

6.15921

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Aug 25*
4. Place of Birth (Street and Number) *90 E. Fulton*
5. Full Name of Mother *Mary P. Wheeler*
6. Mother's Maiden Name *Mary P. Bolto me*
7. Mother's Birthplace *Balt md*
8. Full Name of Father *Frederick C Wheeler*
9. Father's Occupation *Black*
10. Father's Birthplace *Balt md*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. K. Kneass*
- Address *354 10th St*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(2) second.*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August 25-1883

4. Place of Birth, (Street and Number)

146 Bridgely St.

5. Full Name of Mother,

Emma Sieck

6. Mother's Maiden Name,

Emma Deems

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Henry Sieck

9. Father's Occupation,

Hockster

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Kunigunda Schlifer

Address,

20 Columbia St.

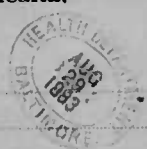
Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

75596

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 9th child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Saturday August 25th 1883
 4. Place of Birth, (Street and Number) Hamburg St No 85
 5. Full Name of Mother, Anna Wagner
 6. Mother's Maiden Name, Anna Shutter
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Michael Wagner
 9. Father's Occupation, Labourer
 10. Father's Birthplace, Gettysburg P D
 Name of Medical Attendant, or other Person who makes this Return Mary E Anderson
 Address, No 10 Allys St
 Remarks,

RETURN OF A BIRTH

15597

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name, *Virginia Fehler*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 25th*

4. Place of Birth, (Street and Number) *35 N Gilmore St*

5. Full Name of Mother, *Virginia Fehler*

6. Mother's Maiden Name, *E. C. Beck*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *P. Fehler*

9. Father's Occupation, *Procc. r. Legier School*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Dr. R. B. Fehler*

Address, *1025 E. Franklin*

Remarks,

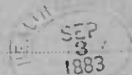
of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

6598

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

25th August

4. Place of Birth, (Street and Number)

Gay St. near Shuterpark

5. Full Name of Mother,

Suzana Krämer Eierman

6. Mother's Maiden Name,

Suzana Krämer

7. Mother's Birthplace,

Heunry Eierman

8. Full Name of Father,

Baden

9. Father's Occupation,

lager Beer brewer

10. Father's Birthplace,

Baden

Name of Medical Attendant,

or other Person who makes this Return

Leander Knipf

Address,

No 28 St. Leonard

Remarks,

of the parent, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65799

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 25 / 1883

4. Place of Birth, (Street and Number)

145 Lexington St

5. Full Name of Mother,

Mar. McKim

6. Mother's Maiden Name,

McCoy Kierling

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph McKim

9. Father's Occupation,

Physician & Broker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. McClellan

Address,

121 W. Lexington

Remarks,

of the parents, and the maiden name of the mother of such child or children."

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall offend in failing to comply with the provisions of this section shall be subject to a fine of ten dollars, or each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 15*

4. Place of Birth, (Street and Number) *12 326 Bond St*

5. Full Name of Mother, *M. Mary Levi*

6. Mother's Maiden Name, *Kamm*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Isaac Levi*

9. Father's Occupation, *Cabinet*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Geo. K.*

Address, *12 326 Bond St*

Remarks,



Baltimore
1883
BALTIMORE

certificates, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a midwife, or of any person he in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to cause its birth to be reported to the Board of Health, in the manner, and within the period also therein prescribed, and to cause the birth and health of such child to be ascertained by the Board of Health, and thereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and such offense, to be punishable as other fines and penalties are made applicable, in a fine of ten dollars.

Remarks,

RETURN OF A BIRTH.

61602

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female.*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 25th 1883.*
4. Place of Birth (Street and Number) *Baltimore Baltimore St. N. 103.*
5. Full Name of Mother *Francis Harris.*
6. Mother's Maiden Name *" Guy*
7. Mother's Birthplace *Virginia*
8. Full Name of Father *John Harris.*
9. Father's Occupation *Printer*
10. Father's Birthplace *Philadelphia.*
- Name of Medical Attendant, or other Person who makes this Return. *Ann Kosman*
- Address *No. 10 South Eden St.*
- Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance, the mother and child shall become the property of the State, and the mother shall be liable to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 25th 1883*

4. Place of Birth, (Street and Number) *312 Eastern Ave*

5. Full Name of Mother, *Mary Dietrich*

6. Mother's Maiden Name, *Wauk*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Dietrich*

9. Father's Occupation, *Liquor Dealer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *S. W. Seldner M.D.*

Address, *S. O. Cor. Gay & Caroline Sts.*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)...

girl

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

August 25 - '83.

4. Place of Birth, (Street and Number)

224 Hanover St.

5. Full Name of Mother,

~~Benjamin~~ Morsell

6. Mother's Maiden Name,

Mary M. Donough

7. Mother's Birthplace,

West Virginia

8. Full Name of Father,

Benjamin Morsell

9. Father's Occupation,

laborer

10. Father's Birthplace,

Balbert Ga. U.S.

Name of Medical Attendant, or other Person who makes this Return.

Sarah A. Jones

Address,

15 Conway St.

Remarks,

The child is healthy.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
24
1883

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
August the 26 1883
No 170 Saran St
Sarah Braun
Sarah Schading
York Pa
Paul Braun
Grocer Reher
Jeromey
Mrs. C. Miller
No 10 Schuader St.

RETURN OF A BIRTH

65606

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Dark complexion*

3. Date of Birth, *August 26th 1883*

4. Place of Birth, (Street and Number) *14 Vine St*

5. Full Name of Mother, *Mary Lee*

6. Mother's Maiden Name, " *Payne*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Samuel Lee*

9. Father's Occupation, *Walter*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return *Amelia Johnson*

Address, *6 Hamilton St*

Remarks,



RETURN OF A BIRTH

15607

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 August

4. Place of Birth, (Street and Number) 306 Orleans St.

5. Full Name of Mother, Kate Lorenz

6. Mother's Maiden Name, Betz

7. Mother's Birthplace, Wittenberg

8. Full Name of Father, John Lorenz

9. Father's Occupation, Cutter

10. Father's Birthplace, Furmstedt

Name of Medical Attendant, or other Person who makes this Return Mrs. Rosa Ulbig

Address, 48 Hubbard St.

Remarks, Balt.

SEP 6 1883

On this statement, with this certificate, give the mother of the mother of each child or children.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
within the period above required, except in the cases of the births and deaths of illegitimate children, which shall be subject
any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject
to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

August 26/93

102 Eastern Ave

Barbara Bann

Kramer

Baltimore

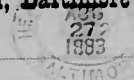
John Bann

Wheeler

Baltimore

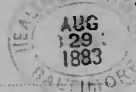
Mrs Louise Neal

236 Eastern Ave



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th -
Maple -
School -
Aug 26th -
Cory Eager & M. T. Min
Mary O'Brien
- Hopper
Balt.
Joseph O'Brien
Sawfender
Balt.

Wm. W. Bridge

RETURN OF A BIRTH

65610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Aug 26th -

4. Place of Birth, (Street and Number)

No 190 N Front St

5. Full Name of Mother.

Catherine Wiscoll

6. Mother's Maiden Name.

Tinton

7. Mother's Birthplace.

Virginia

8. Full Name of Father.

Wm Wiscoll

9. Father's Occupation.

Shoemaker

10. Father's Birthplace.

Ireland.

Name of Medical Attendant, or other Person who makes this Return

Wm Wiscoll

Address.

Remarks.

RETURN OF A BIRTH

65611

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2,

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 26, of, August

4. Place of Birth, (Street and Number)

No. 109, Heiler, St.

5. Full Name of Mother,

Maggei, Freel,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Harford Co. County,

8. Full Name of Father,

John, Freel,

9. Father's Occupation,

Seafaring, Meams,

10. Father's Birthplace,

Baltimore, County,

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Christina Laner

Remarks,

Mrs. Christina Laner



RECEIVED BY THE REGISTRAR OF VITAL STATISTICS

11/12

birth of any child shall occur without the attendance of a physician or of a registered midwife, and should no other person be in attendance when the mother, immediately thereafter, shall be asked the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above specified, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine or ten dollars for each offense, to be recovered, to be recovered.

4⁹¹ Eliza

- AUG 30 1883

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 7
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 26/83
4. Place of Birth (Street and Number) 9 Dover St
5. Full Name of Mother Elisabeth Hutman
6. Mother's Maiden Name _____
7. Mother's Birthplace Germany
8. Full Name of Father Friedrich Hutman
9. Father's Occupation Driver of a beer wagon
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Dr. A. Cronman
Address 376 W. Fayette St
Remarks Child sound and healthy

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sunday August 26th 1883*

4. Place of Birth, (Street and Number) *Boys St No 16*

5. Full Name of Mother, *Elizabeth Ervan*

6. Mother's Maiden Name, *Elizabeth Low*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Ervan*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Anderson*

Address, *1400 Boys St*

Remarks,

to be filled out by the Registrar, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female

Aug 26 -
315 Sharp St.

Mary Wright
" Beckwith

B. City
Alexander Wright
Laborer

1114
H. H. Ellis
313 1/2 St.



should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or guardian, or of the physician, to report the birth to the Board of Health, in the manner, and within the period above required, and to cause the child to be vaccinated, or to be vaccinated, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in the same manner as fines are recoverable.

SEP 11 1883

Remarks.

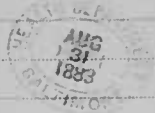
Mrs Wiley

in case the
In case the
of health.
of a physician, or
immediately thereafter, it shall then become the
of the parent or person in attendance upon the mother, to report to the Registrar of Births, Deaths and Marriages, within the period allowed by law, the birth of every child born, and the death of every child, and the marriage of every child, and the Registrar shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 26th August.
4. Place of Birth, (Street and Number) 64 Market Space
5. Full Name of Mother, Mary Fister
6. Mother's Maiden Name, Mary Hearst
7. Mother's Birthplace, America
8. Full Name of Father, Louis Fister
9. Father's Occupation, Restaurateur
10. Father's Birthplace, America
- Name of Medical Attendant, or other Person who makes this Return Sarah Casper
- Address, 72 E. Lombard St.
- Remarks, _____



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Duplicate

RETURN OF A BIRTH.

15620

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP
13
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether~~ Male or Female)

2. Race or Color (~~if~~ of the white race)

3. Date of Birth

August 27/83

4. Place of Birth (Street and Number)

165 Pennsylvania Ave

5. Full Name of Mother

Annie Wiegman

6. Mother's Maiden Name

Annie Hett

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Henry Wiegman

9. Father's Occupation

Driver of ice wagon

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

C. C. McDowell M.D.

Address

642 W. Fayette St

Remarks

NOTICE

**The succeeding document
was received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Age of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (whether male or female)

Color, (if not of the white race)

Birth

Birth, (Street and Number)

Name of Mother

Maiden Name

Birthplace

Name of Father

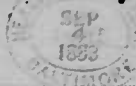
Occupation

Birthplace

Name of Medical Attendant, or other Person who makes this Return

286 St. Lawrence St

5/16/13
Fifth
Precinct



August 28/1893

104 N. Madison St.

Charles S. Dunning

Stellings

Baltimore

Wm S. Dunning

Chiropractor

Baltimore

Mary A. Allwell

RETURN OF A BIRTH

15632

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

Sept 27 11 A.M.

4. Place of Birth, (Street and Number)

210 South St
Sarah Ambrose

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

H. Nelson 116 S

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

J. E. and Burt T. Callahan

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15623

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 birth

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

Went

3. Date of Birth,

28 August

4. Place of Birth, (Street and Number)

Gleis Street No 29

5. Full Name of Mother,

Martha Plaetz

6. Mother's Maiden Name,

" " Mueller

7. Mother's Birthplace,

Magdeburg, Prussia

8. Full Name of Father,

Carl Plaetz

9. Father's Occupation,

Boysburg

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Lombard Street No 278

Remarks,

Dr. B. Bauer

RETURN OF A BIRTH

15624

To the Office of Registrar of Vital Statistics. Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27 August

4. Place of Birth, (Street and Number) 52 Baltimore St

5. Full Name of Mother, Caroline Pflug

6. Mother's Maiden Name, " Rössinger

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Daniel Pflug

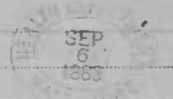
9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Allig

Address, 118 Hollander St

Remarks,



RETURN OF A BIRTH.

65625

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 27 1883

4. Place of Birth (Street and Number)

59 Robert St

5. Full Name of Mother

Josephine Cockey

6. Mother's Maiden Name

" Magruder

7. Mother's Birthplace

City

8. Full Name of Father

Alexander Cockey

9. Father's Occupation

Clerk

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this Return.

A. J. Jinsley M.D.

Address

386 Ohio Street Ave.

Remarks

State at day of birth, state of birth, date of birth, sex, how born, at the birth of children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2d Child*

1. Sex, (state whether ~~male~~ female) _____

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 28, 1883*

4. Place of Birth, (Street and Number) *Hollars St. 14 68*

5. Full Name of Mother, *Katharine Greb*

6. Mother's Maiden Name, *Katharine Hoppler*

7. Mother's Birthplace, *Hightorrsch, Pr. Saxon, Germany*

8. Full Name of Father, *Charles Greb*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Oberrhoden, Gr. Hessen, Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*

Address, *St. Dallas St. 14 26*

Remarks, _____



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should to other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the time herein prescribed, and the parent or parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 22, 1883*

4. Place of Birth, (Street and Number) *N. Farham St., 1456*

5. Full Name of Mother, *Maraline Hilbert*

6. Mother's Maiden Name, *Maraline Bechtold*

7. Mother's Birthplace, *Kijndorf, Gr. Hesse, Germany*

8. Full Name of Father, *Friedrich W. Hilbert*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*

Address, *1215 N. 1st St.*

Remarks,



Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period also required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Gottfried

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d Harner

3
1883

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 27th 1883

4. Place of Birth, (Street and Number)

313 Canton Ave

5. Full Name of Mother,

Mary Harner

6. Mother's Maiden Name,

" Regus

7. Mother's Birthplace,

city

8. Full Name of Father,

Ludwig Harner

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

city

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Regus

Address,

120 Bank St

Remarks,

GIVEN NAME ADDED

2-16-54

h. m.

Birth of any child should occur without the attendance of a physician, or of a midwife, or of a nurse, or of a person who is duly qualified to attend to such cases, the parent or parents of such child, except in the case of the birth and death of a child, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and penalties are recovered.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65629

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 27, 1883.

4. Place of Birth (Street and Number) 51 South Greene Street.

5. Full Name of Mother Bettie Brown

6. Mother's Maiden Name Bettie G. Happel

7. Mother's Birthplace Mecklenburg Va.

8. Full Name of Father Abraham B. Brown (Carranias)

9. Father's Occupation Minister

10. Father's Birthplace Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. Catherine Riley

Address 222 N. Market Street

Remarks

RETURN OF A BIRTH

6630

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

28 of August

4. Place of Birth, (Street and Number).

Belair Avenue

5. Full Name of Mother,

Barbara Gil

6. Mother's Maiden Name,

Barbara Ganser

7. Mother's Birthplace,

Salisbury, Maine

8. Full Name of Father,

George Gil

9. Father's Occupation,

Chair Maker

10. Father's Birthplace,

Unterstrickbach, Baden

Name of Medical Attendant, or other Person who makes this Return.

Germany

Address,

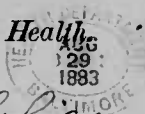
Remarks,

of the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child.

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Aug. 28th

4. Place of Birth (Street and Number)

117 Pierce St

5. Full Name of Mother

Mattie Rodger

6. Mother's Maiden Name

Mattie Rodger

7. Mother's Birthplace

Ann. Arundel

8. Full Name of Father

William Johnson

9. Father's Occupation

Driver for a day.

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elena Harris.

Address

17 Vine Street

Remarks It is the smallest child I ever secured. It has not the natural cry except it to go every minute. (It is only a 6 mon child) Therefore it is an unhealthy child.

RETURN OF A BIRTH

65632

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male

SEP 3 1883

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 28th 1883

4. Place of Birth, (Street and Number)

Maternite Hospital 161 W. Lombard

5. Full Name of Mother,

Aminie Hall

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

W. Va. U.S.A.

8. Full Name of Father,

r

9. Father's Occupation,

r

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who
makes this Return

W. J. L. L. M. D.

Address,

161 W. Lombard

Remarks,

Illegitimate

certificates, between the first and third day of each and every month, to the Board of Health. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at evidence when the mother immediately thereafter, it shall then become the duty of the person so present, to report the birth of such child to the Board of Health, in the manner, and within the period above prescribed, and such person or persons shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 28th 1893

4. Place of Birth, (Street and Number) 176 Eastern Ave

5. Full Name of Mother, Mary Holt

6. Mother's Maiden Name, Hartman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Cesar Holt

9. Father's Occupation, Expressman

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth J. J. J.

Address, 120 Bank St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

11631

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth August 28 1883
4. Place of Birth, (Street and Number) 333 East Chase St
5. Full Name of Mother Alice C Taylor
6. Mother's Maiden Name Alice C Sunderland
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Samuel J Taylor
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Amanda Manning
- Address 175 North Eder St
- Remarks _____

RETURN OF A BIRTH

1. 1. 36

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex, (state whether male or female) North Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 28 August
 4. Place of Birth, (Street and Number) 16 Spruce
 5. Full Name of Mother, Mary Land
 6. Mother's Maiden Name, McBryder
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Charles Land
 9. Father's Occupation, Lapel
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return John Klinge, M.D.
 Address, 10 Calver St.
 Remarks, OK

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 August

4. Place of Birth, (Street and Number)

376 St. Charles St.

5. Full Name of Mother,

Katie ~~Bahlam~~ Schmeltz

6. Mother's Maiden Name,

Katie Bahlam

7. Mother's Birthplace,

Born Leight Street

8. Full Name of Father,

John Schmeltz

9. Father's Occupation,

Sailor

10. Father's Birthplace,

St. Charles St

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. M. M.

Address,

1 S. Davidson St.

Remarks,

Print the full name of the mother of each child or children.

RETURN OF A BIRTH

65628

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Girl White

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 of August

4. Place of Birth, (Street and Number)

No 87 Britton St

5. Full Name of Mother,

Jane Tidings

6. Mother's Maiden Name,

Jane McDermott

7. Mother's Birthplace,

George Tidings Baltimore

8. Full Name of Father,

George Tidings

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Christina Lauer

Address,

173 Hartford Ave.

Remarks,

Recd Oct 1883



of a child or children.

RETURN OF A BIRTH

65639

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 28th / 83

4. Place of Birth, (Street and Number)

No. 74 Hasford Ave

5. Full Name of Mother,

Catherine Kernan

6. Mother's Maiden Name,

Catherines Hall

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John J. Kernan

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Eliza S. Manning

Address,

No. 93 Allenmarle St

Remarks,

City

At the parents, and the maiden name of the mother of such child or children.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug. 28th 1882
4. Place of Birth (Street and Number) 497 St. Elden St. East
5. Full Name of Mother Carolina Johnston
6. Mother's Maiden Name Stanley
7. Mother's Birthplace Cambridge Mass
8. Full Name of Father Henry Johnston
9. Father's Occupation Blacksmith
10. Father's Birthplace Chatham Mass
- Name of Medical Attendant, or other Person who makes this Return. City Health Officer
- Address 25 East St.
- Remarks

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above provided, except that, in case of illness or other emergency, the report may be made at any time, and in any manner, and the provisions of this section shall be subject to a fine of ten dollars for each offence to be resolved at other times and places, and no recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Name - *Theresa Hartman*

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

28th August

4. Place of Birth, (Street and Number)

116 High St.

5. Full Name of Mother,

Susie Hartman

6. Mother's Maiden Name,

Susie Schuchart

7. Mother's Birthplace,

America

8. Full Name of Father,

John Hartman

9. Father's Occupation,

Clerk

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

Charles Casper

Address,

72 E. Lombard St.

Remarks,



RETURN OF A BIRTH.

65612
(over)

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Name - Roland Davenport McDorman

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) White

3. Date of Birth August 28

4. Place of Birth (Street and Number) 217 1/2

5. Full Name of Mother Ann Mc Dorman

6. Mother's Maiden Name Denis

7. Mother's Birthplace Baltimore Co Md

8. Full Name of Father John H Mc Dorman

9. Father's Occupation Miner

10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. M J Dorman

Address 177 South St

Remarks - Mother & Child doing well

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

name of the mother of such child or children.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

6.643
C.P.
131
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) W

3. Date of Birth August 28 1883

4. Place of Birth, (Street and Number) Worsley Bldg Co

5. Full Name of Mother Anne Leonard

6. Mother's Maiden Name Anne Foster

7. Mother's Birthplace Baldw

8. Full Name of Father W Leonard

9. Father's Occupation Cock Maker

10. Father's Birthplace Baldw

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin St

Remarks _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *August 28 1883*
- Place of Birth, (Street and Number) *158 Battery Avenue*
- Full Name of Mother, *Fannie Dodson*
- Mother's Maiden Name, *Fannie Reynolds*
- Mother's Birthplace, *Ind*
- Full Name of Father, *Andrew Dodson*
- Father's Occupation, *Mariner*
- Father's Birthplace, *Va*
- Name of Medical Attendant, or other Person who makes this Return, *J. B. Noble, M.D.*
- Address, *50 Warren st*
- Remarks,

should any other person be in or deliver, or in the presence of the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to be born, to sign the birth certificate in the manner, and within the period herein required, except in the cases of the births and deaths of illegitimate children, in which case any person or persons who shall neglect to fall to comply with the provisions of this section shall be subject to a fine of ten dollars or such offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 August

4. Place of Birth, (Street and Number) 7 Ginneret Street

5. Full Name of Mother, Marie Krueger

6. Mother's Maiden Name, Marie Heilmann

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Lawrence Krueger

9. Father's Occupation, Captain

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Address, 739 E. Cooper Street

Remarks,

SEP 3 1923

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

28th Aug.

4. Place of Birth (Street and Number)

275 Fulton Ave

5. Full Name of Mother

Leda Wood

6. Mother's Maiden Name

Riggs

7. Mother's Birthplace

Md

8. Full Name of Father

Charles J. Wood

9. Father's Occupation

Merchant

10. Father's Birthplace

Phila.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

H. W. Owens
364 Madison

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 28th 1883

4. Place of Birth, (Street and Number)

248 E. Chase St.

5. Full Name of Mother,

Margaretha Stark

6. Mother's Maiden Name,

Kellerman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Adam Stark

9. Father's Occupation,

Trailer

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

S. H. Seldner M.D.

Address,

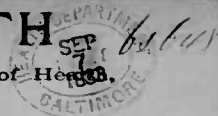
S. E. Cor. Gay & Carroll Sts.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

caucas

3. Date of Birth,

April 28 1893

4. Place of Birth, (Street and Number)

Long st 72

5. Full Name of Mother,

Solig M. M. M.

6. Mother's Maiden Name,

Solig M. M.

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John M. M.

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. M.

Address,

252 E. M. M.

Remarks,

"No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)"

RETURN OF A BIRTH

65649

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 28, 1883

4. Place of Birth, (Street and Number)

Conkern Street

5. Full Name of Mother,

Kate Lynnech

6. Mother's Maiden Name,

Kate Tallon

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Lynnech

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs Maize Ethel

Address,

No 13 Cuba St

Remarks,

RECEIVED BY REG. CLERK OF CHIEF CLERK

RETURN OF A BIRTH

7565A

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

SEP
8
1883

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

Colored

Aug. 29th 1883

2 Little Broadway

Matilda Pierson

Margaret Scott

Harford Co. Md

Isaac Pierson

Laborer

Harford Co. Md

Leah Walker

89 N. Spring St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

—

3. Date of Birth,

Aug 29 '83.

4. Place of Birth, (Street and Number)

188 Hamburg St

5. Full Name of Mother,

Rose Klemm

6. Mother's Maiden Name,

" Kaufmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Klemm

9. Father's Occupation,

Ice Cart Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Kroh

Address,

328 South Euston St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of any other person, shall be in at such time as the mother, immediately thereafter, it shall be the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person who fails to comply with the provisions of this section shall be subject to a fine of not less than \$5 and not more than \$10, and to imprisonment for not more than 30 days, and to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 29 1883.

4. Place of Birth, (Street and Number)

Colind St. Bet. Russell & Warner Sts.

5. Full Name of Mother,

Kate Gegner

6. Mother's Maiden Name,

" Löffler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thos. Hy. Gegner

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary K. K. K.

Address,

325 E. Eutaw St.

Remarks,

should no other person be in at instance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time, and under the penalties, provided in this act, and no person shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, respectively, provided by law, and in the cases of the births and deaths of illegitimate children, and any person or persons who shall knowingly violate the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 29 '88

4. Place of Birth, (Street and Number)

300 Hammer St.

5. Full Name of Mother,

Sarah Eckward

6. Mother's Maiden Name,

" Makitho

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Christian Eckward

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return

Mary Koch

Address,

528 South Baltimore St.

Remarks,

should be attended upon the mother, immediately thereafter, it shall be the duty of the person or persons attending the birth, to make a return of the birth, and to file the same in the office of the Registrar of Vital Statistics, and to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 6th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *29th of August, 1883*

4. Place of Birth, (Street and Number) *No. 17, Pittsboro*

5. Full Name of Mother, *Francis Petersen*

6. Mother's Maiden Name, *Shaw*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel Petersen*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Annie Lindner*

Address, *No. 5 S. Monroe St.*

Remarks, *1*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 29th 1883

4. Place of Birth, (Street and Number)

No 1413 Little Green st.

5. Full Name of Mother,

Anna Murphy.

6. Mother's Maiden Name,

Zeller

7. Mother's Birthplace,

America.

8. Full Name of Father,

James Murphy

9. Father's Occupation,

Labourer

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

J. Schwasser midwife

Address,

330 Hanover st.

Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65656

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Aug. 29/83*
4. Place of Birth (Street and Number) *250 George St.*
5. Full Name of Mother *Annie Leine*
6. Mother's Maiden Name *Wright*
7. Mother's Birthplace *Eastern Shore, Md*
8. Full Name of Father *Henry A Leine*
9. Father's Occupation *Merchant*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm B. Ridd*
- Address *195 N. Fremont St*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

28th August

4. Place of Birth, (Street and Number)

24 Albernarle St.

5. Full Name of Mother,

Maggie Kapperman

6. Mother's Maiden Name,

Maggie Bochner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Kapperman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sarah Caspar

Address,

72 E. Lombard St.

Remarks,

Each of the persons who be in attendance upon the mother, immediately thereafter, it shall then become the duty of the attending physician or other person to report to the Registrar of Births, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as in and by law provided.

RETURN OF A BIRTH

65658

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29 August 1883

4. Place of Birth, (Street and Number)

311 Bedford road

5. Full Name of Mother,

Maria Kuhn

6. Mother's Maiden Name,

Maria Gosticher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Julius Kuhn

9. Father's Occupation,

Labor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Miss Christina Lauer

Address,

173 Bedford ave

Remarks,

Del. Oct. 1883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 29 1883

4. Place of Birth, (Street and Number)

96 Johnson St

5. Full Name of Mother,

Eda H. Arminger

6. Mother's Maiden Name,

" " Schofferson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William J. Arminger

9. Father's Occupation,

Brickmaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Ann Nash

Address,

Remarks,



RETURN OF A BIRTH

6566a

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *29th August*

4. Place of Birth, (Street and Number) *40 Chase St.*

5. Full Name of Mother, *Mary Curdy*

6. Mother's Maiden Name, *J. H. Hare*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Curdy*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Charlotte Crosby*

Address, *369 Cathedral St.*

Remarks,

RETURN OF A BIRTH

65661

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

White Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 29.

4. Place of Birth, (Street and Number)

Edison near Baker

5. Full Name of Mother,

L. Dixon

6. Mother's Maiden Name,

Canoll

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ed. Dixon

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

G. M. Jones, M.D.

Address,

S. M. Co. Pres & Shutter

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

for Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 29th 1883.

4. Place of Birth, (Street and Number)

114 Mosher St

5. Full Name of Mother,

Louisa A. Prevost

6. Mother's Maiden Name,

Coleman

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

A. Jules Prevost

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return

W. H. McNeill M.D.

Address,

431 Penna. Ave.

Remarks,



RETURN OF A BIRTH

65663

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Two Males*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug. 29th 1883*
4. Place of Birth, (Street and Number) *249 E. Pratt St.*
5. Full Name of Mother, *Clara Emma Bower*
6. Mother's Maiden Name, *Loan*
7. Mother's Birthplace, *York Co. Pa.*
8. Full Name of Father, *Richard Lawrence Bower*
9. Father's Occupation, *Upholsterer*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *E. P. Pious M.D.*
- Address *275 E. Balto. St.*
- Remarks, *Twins Healthy*



Birth of any child about occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance about the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, by the laws of the State of Maryland, and the laws of the City of Baltimore, and to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th of August, 1885

4. Place of Birth, (Street and Number)

41 North Washington St.

5. Full Name of Mother,

Latie Miller

6. Mother's Maiden Name,

Latie Hardman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Hardman

9. Father's Occupation,

Laborman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel

Address,

41 North Chapel St. per position Kunkel

Remarks,

Birth of child

RETURN OF A BIRTH

15666

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 29th 1883*
4. Place of Birth, (Street and Number) *156 State*
5. Full Name of Mother, *Ella Gunk*
6. Mother's Maiden Name, *n. Rider*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Jacob Gunk*
9. Father's Occupation, *City*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Blake*
- Address, *158. Spaw 23*
- Remarks,

RETURN OF A BIRTH

61667

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug 29th 1883

4. Place of Birth, (Street and Number)

Corner Star North Ave
Elizabeth Russell

5. Full Name of Mother,

6. Mother's Maiden Name,

Baker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alex Russell

9. Father's Occupation,

Iron Digger

10. Father's Birthplace,

Kansas

Name of Medical Attendant, or other Person who makes this Return

M. B. Billingsley

Address,

256 E. Preston St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 29th 1883

4. Place of Birth (Street and Number)

51 St. Peter St.

5. Full Name of Mother

Sarah L Perkins

6. Mother's Maiden Name

Sarah E Barnes

7. Mother's Birthplace

Union Town Carroll Co., Md.

8. Full Name of Father

Linus C Perkins

9. Father's Occupation

Laborer

10. Father's Birthplace

Bladen Co N Carolina

Name of Medical Attendant, or other Person who makes this Return.

Jane Mercer

Address

136 McKinney St City

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

65670

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

1. Sex, (state whether male or female) *3d Sept male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *29 August 1883*
4. Place of Birth, (Street and Number) *21*
5. Full Name of Mother, *Katharina Gleitsman*
6. Mother's Maiden Name, *Katharina Harhoff*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Otto Gleitsman*
9. Father's Occupation, *Watchmaker, Jeweler*
10. Father's Birthplace, *Laxov, Allenburg*
- Name of Medical Attendant, or other Person who makes this Return *Dr. Reinhard*
- Address, *214 West Fayette Street*
- Remarks,

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *The first*
1. Sex (state whether Male or Female) *it is male*
2. Race or Color (if not of the white race) *The child is Colored*
3. Date of Birth *born the 29 of August. The year 1887*
4. Place of Birth (Street and Number) *Baltimore Stn 140*
5. Full Name of Mother *Dr. A. Elkes*
6. Mother's Maiden Name *Charles married Dr. A. Horden*
7. Mother's Birthplace *born Prince Stn 44 Balti.*
8. Full Name of Father *William Elkes*
9. Father's Occupation *Writer*
10. Father's Birthplace *born Phila & Del*
- Name of Medical Attendant, or other Person who makes this Return. *Eliza Carmish*
- Address *68 Elbow Lane*
- Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 29. 1883

4. Place of Birth, (Street and Number)

Hanover Street

5. Full Name of Mother,

Brengle Burns

6. Mother's Maiden Name,

Brengle

7. Mother's Birthplace,

Canada

8. Full Name of Father,

Dietrich Burns

9. Father's Occupation,

Labour

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Miss Abigail E. Mel.

Address,

No. 13 Carver St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *John Frederick Haubert*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female) *boy*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *29 August*
 4. Place of Birth, (Street and Number) *224 Eager Street*
 5. Full Name of Mother, *Frederique Elisa Haubert*
 6. Mother's Maiden Name, *Elisa Thome*
 7. Mother's Birthplace, *Neapingen*
 8. Full Name of Father, *Fredric (Hauber) Haubert*
 9. Father's Occupation, *L*
 10. Father's Birthplace, *Neapingen*
- Name of Medical Attendant, *Anna Walter*
or other Person who makes this Return
- Address, *239 E. Eager Street*
- Remarks, _____



The father or mother, or other person who has the custody of the child, shall, immediately after the birth, file this return with the Registrar of Vital Statistics, within the period above required, except in the case of illegitimate children, and shall pay a fee of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

38

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 29

4. Place of Birth, (Street and Number)

140 29 S Bond

5. Full Name of Mother,

Emma Geimer

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter Geimer

9. Father's Occupation,

Paperhanger

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Kraft

Address,

236 Canton Ave

Remarks,

should on other person be in at entrance upon the mother, immediately thereafter, in full, in the manner, and date of the delivery or arrival of the child, and the name of the physician or midwife, and the name of the person or persons who will hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties recoverable.

RETURN OF A BIRTH

65670

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, etc.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 29 August

4. Place of Birth, (Street and Number) 308 Mc Eddens St.

5. Full Name of Mother, Maggie Noah

6. Mother's Maiden Name, Abel

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Max Noah

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baader

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Ulbrich

Address,

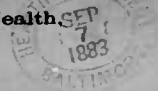
48 Holladay St

Remarks,

Balt

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 30 1883*

4. Place of Birth, (Street and Number) *Hull Street*

5. Full Name of Mother, *Mary Inceall*

6. Mother's Maiden Name, *Mary Sellers*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *William Inceall*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Maggie Estel*

Address, *1213 E. Lombard Street*

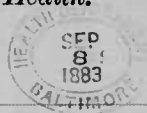
Remarks,

RETURN OF A BIRTH.

75677

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

name of the mother of such child or children.

should, no other person, be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5678
Cynthia

Male

White

August 30th 1883

Chatham St. No. 4

Mrs. Mary Callender

Mrs. Mary Garrett

Baltimore City

My Richard Callender

House Carpenter

Baltimore City

Mrs. Rachel A. Garrett

No. 65 Burch St.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

15677
SEP 6 1883

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth *30th Aug 1883*
4. Place of Birth (Street and Number) *53 Collington Ave*
5. Full Name of Mother *Hannah Guise*
6. Mother's Maiden Name *Hannah Mulville*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *John Guise*
9. Father's Occupation *Carpenter*
10. Father's Birthplace *Philadelphia Pa*
- Name of Medical Attendant, or other Person who makes this Return. *John D. Thompson M.D.*
- Address *51 W. Calver & Reader*
- Remarks

should no other person be in attendance upon the mother, immediately hereafter, it shall then become the duty of the person so attending to register the birth, and to sign the certificate of birth, and to forward the same to the Registrar of Vital Statistics, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than five dollars, and to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Adam Albert* ~~Hobmes~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

30th August

4. Place of Birth, (Street and Number)

196 S. Anne St.

5. Full Name of Mother,

Lizzie (Blanc) Hobmes

6. Mother's Maiden Name,

Lizzie Tully

7. Mother's Birthplace,

America

Hobmes

8. Full Name of Father,

Oscar Albert (Blanc)

9. Father's Occupation,

Clerk

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return

Sarah Caspar

Address,

72 E. Lombard St.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the time prescribed, and to cause the child to be registered, and to comply with the provisions of this act, and to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

30th August

4. Place of Birth, (Street and Number)

36 City Block St.

5. Full Name of Mother,

Sarah Olwein

6. Mother's Maiden Name,

Sarah Sobel

7. Mother's Birthplace,

America

8. Full Name of Father,

Patrick Olwein

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other Person who makes this Return

Sarah Caspar

Address,

72 E. Lombard St.

Remarks,



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 30 1880

4. Place of Birth, (Street and Number) *Corner Baltimore and Broad*

5. Full Name of Mother, *Cornie (Licon) Dupon*

6. Mother's Maiden Name. Diamond

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Denjamin (Leon) Dixon*

9. Father's Occupation, *Marine*

0. Father's Birthplace, ... *Dorchester*

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Valleron Park av.

Remarks. _____

ability of the parent or parent or such child to report its birth to the Department of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and many venereal or venereal who shall however fall to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in no other fines and penalties as recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 30 1883

4. Place of Birth, (Street and Number)

295 Gough st

5. Full Name of Mother,

Lucy Myers

6. Mother's Maiden Name,

Brandow

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Myers

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return

Mrs Wiley

Address,

No 12 Patterson Park, Md

Remarks,

date of the birth of such child to report its birth to the Board of Health. In the manner, and
the names of the persons who shall hereafter fail to comply with this section shall be subject
to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

65684

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th August
4. Place of Birth, (Street and Number) 298 Cross st.
5. Full Name of Mother, Mary Kaupp.
6. Mother's Maiden Name, Herbste
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Kaupp.
9. Father's Occupation, carpenter.
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, Dr. W. W. W. W.
Address, 1 S. D. W. W. W. W.
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *31st of August 1883*

4. Place of Birth, (Street and Number) *369 East Carbon Street*

5. Full Name of Mother, *Mary Schneider*

6. Mother's Maiden Name, *Mary Dönnling*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John D. Dönnling*

9. Father's Occupation, *Croft maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Crescentia Dunkel*

Address, *11 North Charles St. for Christina Dunkel*

Remarks, *Healthy*

Penalty for non-compliance. If any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are now recoverable.

17 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 30 ed 1883

4. Place of Birth, (Street and Number)

No 294 s. Charles st.

5. Full Name of Mother,

Mary Martin

6. Mother's Maiden Name,

Stegmiller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Sebastian

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. Schwaeser midwife

Address,

330 Hanover st.

Remarks,

RETURN OF A BIRTH

15657

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
11
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 30 / 83

4. Place of Birth, (Street and Number)

105 So. Ches.

5. Full Name of Mother,

Kate Shaw

6. Mother's Maiden Name,

Kate Moore

7. Mother's Birthplace,

Large, Pa.

8. Full Name of Father,

Wm. J. Shaw

9. Father's Occupation,

Dr. Maker

Father's Birthplace,

Bald Mt

Name of Medical Attendant, or other Person who makes this Return

J. L. Minter M.D.
177 So. Biddle

Address,

Remarks.

of the parents, and the maiden name of the mother of such child or children."

overlaid, between the first and third day of each and every month, in the form of a
birth, at any time shall occur without the attendance of a physician, or of a practitioner of midwifery, or
any person or persons duly qualified to perform such duty, except in the cases of the birth of illegitimate children, and
within the period above stated, and hereafter fail to comply with the provisions of the Act, shall be subject
to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



certificate, between the first and third day of each and every month, in the form of a birth of any child shall occur without the attendance of a physician, or a midwife, or a nurse, or any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or informant of such child to report its birth, in the manner, and within the period above stated, except in the cases of the births and deaths of illegitimate children, and any person failing to comply with the provisions of this section shall be subject to a fine of ten dollars, such offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 26th, 1883*

4. Place of Birth, (Street and Number) *1024 N. 1st St.*

5. Full Name of Mother, *Lina Singer*

6. Mother's Maiden Name, *Lina Reich*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry J. Singer*

9. Father's Occupation, *Sea Captain*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who
signs this Return, *Harry E. Keiffer*

Address, *1024 N. 1st St.*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 30, 1883.

4. Place of Birth, (Street and Number)

503 E. Baltimore St

5. Full Name of Mother,

Mary Rose Wilson

6. Mother's Maiden Name,

Mary Rose McElroy

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

George H. Wilson

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. W. Honck M.D.

Address,

75 E. Balto St

Remarks,

certificates, between the first and third day of each and every month to the Board of Health, in the form of a birth of any child should occur without the attendance of a physician, midwife, or other person authorized by law to attend births, or the signature of such person, the Registrar of Vital Statistics, in the manner, and within the period above specified, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

1st

Male

White

Aug 22nd 1883

43rd Green St

Henry P. Papp

Papp

Baltimore Md

Frank P. Papp

Boiler

Baltimore Md

Wm H. Hallquist

182 E. Monument St

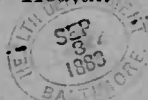
name of the mother of such child or children.

RETURN OF A BIRTH,

18692

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Female

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug. 20 1873

4. Place of Birth, (Street and Number)

1st Morgan Street av
Emma L. Laska

5. Full Name of Mother

6. Mother's Maiden Name

" " Wickel

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Moran Laska Jr.

9. Father's Occupation

Druggist & Pharmacist

Father's Birthplace

Wilmington, Del.

Name of Medical Attendant, or other Person who makes this Return.

Edward P. M. M. M.

Address

57 Lexington St

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, August 30th 1883
4. Place of Birth, (Street and Number) 266 Alice Avenue
5. Full Name of Mother, Sabra Morris
6. Mother's Maiden Name, Goldstein
7. Mother's Birthplace, Germany
8. Full Name of Father, Adolf Morris
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betty
- Address, 120 Bank St.
- Remarks, _____



In case the birth of any child shall occur without the attendance of a physician, the mother is required to report the same to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall neglect or fail to comply with the provisions of this act shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

65694

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
3
1883
F.M.C.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 30th 1883.

4. Place of Birth, (Street and Number)

387 S. Charles St.

5. Full Name of Mother,

Mary J. Kraft.

6. Mother's Maiden Name,

" Gear.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Michael Kraft.

9. Father's Occupation,

Painter.

10. Father's Birthplace.

Balto. City.

Name of Medical Attendant, or other Person who makes this Return

R. J. N. Tall, M.D.

Address,

152 Sharp St.

Remarks,

To be filled out by the Registrar, with the full name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

387 E. Madison St.
August 30 1883

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Lidia E. Weidinger

6. Mother's Maiden Name,

Wannegold

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Henry H. Weidinger

9. Father's Occupation,

Cash Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allen

Address,

241 N. Long St.

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should for other person be in at evidence upon the mother immediately thereafter, it shall then become the duty of the person so attending to report to the Board of Health, in the manner and within the period above required, such report shall be made by the person attending the mother, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, which offence, to be recovered as either fines and penalties, shall be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female) ...

Male

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

August 30 1883

4. Place of Birth, (Street and Number) ...

227 N. Street

5. Full Name of Mother, ...

Mary J. Gifford

6. Mother's Maiden Name, ...

M. Gifford

7. Mother's Birthplace, ...

Baltimore

8. Full Name of Father, ...

Wm. H. Gifford

9. Father's Occupation, ...

Ship Dealer

10. Father's Birthplace, ...

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Chas. A. Atwell

Address, ...

236 N. Street

Remarks, ...

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

65697

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Aug 30th 1883

4. Place of Birth (Street and Number)

No 132 Hill St Baltimore

5. Full Name of Mother

Annanda Warden

6. Mother's Maiden Name

A. Flonda

7. Mother's Birthplace

Rockville City

8. Full Name of Father

Charles Warden

9. Father's Occupation

Works in a Factory

10. Father's Birthplace

Richmond Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs Francis Granby

RETURN OF A BIRTH, 1898

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth August 30th 1886
4. Place of Birth, (Street and Number) 17th Light St.
5. Full Name of Mother Mrs. J. H. H.
6. Mother's Maiden Name Frederick
7. Mother's Birthplace Frederick, Maryland
8. Full Name of Father John J. Brown
9. Father's Occupation laborer
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this return. Dr. J. H. H.
- Address 634 Light St.
- Remarks

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person so charged, to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this act, shall be subject to a fine of ten dollars or to imprisonment for a term not exceeding thirty days, or both, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 31, 1883

4. Place of Birth, (Street and Number)

No. 5 183 A. Bethel St. Balt. Md

5. Full Name of Mother,

Amelia Cressen

6. Mother's Maiden Name,

Amelia Rheinhardt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Dieterich Wesson

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Caroline Miller

Address,

No 5 Walker St Baltimore Maryland

Remarks,

RETURN OF A BIRTH, 1893

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth Aug - 31st 1893

4. Place of Birth, (Street and Number) 421 Fremont St

5. Full Name of Mother Anna Catris Klunk

6. Mother's Maiden Name Anna Catris Gisriel

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Charles Thomas Klunk

9. Father's Occupation Paperhanger

Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address N. E. Cor. Lexington Ave & Mosher St

Remarks _____

name of the mother of each child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy*

1. Sex, (state whether male or female) *2*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 1883*

4. Place of Birth, (Street and Number) *Baltimore, Washington St. No 164*

5. Full Name of Mother, *Alie Gasser*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Gasser*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mary Kopnick*

Address, *69 W. Washington St*

Remarks, *Mary Kopnick*

name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 31 1883
4. Place of Birth (Street and Number) 296 South Bond St
5. Full Name of Mother Mary Nix
6. Mother's Maiden Name Mary Margrate
7. Mother's Birthplace Baltimore
8. Full Name of Father John Nix
9. Father's Occupation Labour
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
- Address Name of Child Dora Nix
- Remarks N

65712

Health.

7

Boy

M. F. R.

~~1~~ August 31 1883

970 Block 15

Mary Hudson

Mary Simmons

C. Baltimore

John Hudson

Boat Builders

Baltimore

Mrs Louisa Smith

The Child Name George Hudson

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2
Male

Aug 31
Franklin & Carrollton Av.
Jane White
Ritter
T. Bull.
O. M. White
Custom House Officer.
Balt.

H. M. Wilson M.D.
257 Madison Ave.

RETURN OF A BIRTH

65705

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

number of such child or children."

1. Sex, (state whether male or female) _____

Female

2. Race or Color, (if not of the white race) _____

White

3. Date of Birth, _____

Aug.

4. Place of Birth, (Street and Number) _____

930 Balto.

5. Full Name of Mother, _____

Etta Brown

6. Mother's Maiden Name, _____

Nicholson

7. Mother's Birthplace, _____

Howard Co Md

8. Full Name of Father, _____

Wilson Brown

9. Father's Occupation, _____

Street Car Conductor

10. Father's Birthplace, _____

Balto

Name of Medical Attendant, or other Person who makes this Return _____

Thomas Opie M.D.

Address _____

39 N. Howard St

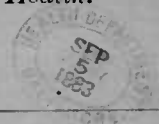
Remarks _____

RETURN OF A BIRTH,

15706

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Threeth
 1. Sex (state whether male or female) male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth 2 August 31th 1883
 4. Place of Birth, (Street and Number) 24 Linden St
 5. Full Name of Mother Eliza J. J. J.
 6. Mother's Maiden Name Eliza Moore
 7. Mother's Birthplace Pennsylvania
 8. Full Name of Father George W. J. J.
 9. Father's Occupation Laborer
 Father's Birthplace Maryland
 Name of Medical Attendant, or other Person who makes this Return. Dr. Jacob Hornall and wife
 Address 203 17th Street
 Remarks Mother and babe doing well

name of the mother of such child or children.

RETURN OF A BIRTH 65707

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

the 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

the 21 of August

4. Place of Birth, (Street and Number)

No 8. Concord, near Egan

5. Full Name of Mother

Marie Heller

6. Mother's Maiden Name,

Liese Turner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Turner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Christina Lauer

Address,

183

Hafer st.

1885

Remarks,

65708

SEP 11 1963

Baby weighs $13\frac{1}{2}$ lbs

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *31st of August*

4. Place of Birth, (Street and Number) *243 S. Bond St.*

5. Full Name of Mother, *Lina Linemann*

6. Mother's Maiden Name, *Scheek*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wilhelm Linemann*

9. Father's Occupation, *Cigar-maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Lophia Simon*

Address, *No 70 Fremont St.*

Remarks,

Every person who is in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall neglect to do so, shall be liable to a fine of ten dollars, and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

65710

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

31 August

4. Place of Birth, (Street and Number)

69 Sharp St.

5. Full Name of Mother,

Mary E. Barney.

6. Mother's Maiden Name,

Mary E. Smith.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Walter S. Barney.

9. Father's Occupation,

City Clerk.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other Person who makes this Return

Dr. J. M. M. M.

Address,

1 Southwell St.

Remarks,

RETURN OF A BIRTH

65711

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Signature of the mother of the child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Ringa 21st in Baltimore
2. Sex, (state whether male or female) City Water Near Home in
3. Race or Color, (if not of the white race) Baltimore City 31 of August
4. Date of Birth, * cepation is a matter
5. Place of Birth, (Street and Number) Lucy Carver 49 Jorfort St
6. Full Name of Mother, 15 Jordan alley
7. Mother's Maiden Name,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,



Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female) Female.

2. Race or Color (if not of the white race) Colored.

3. Date of Birth Aug. 31, 1883.

4. Place of Birth (Street and Number) #148 Liberty St.

5. Full Name of Mother Maggie Hadden's

6. Mother's Maiden Name Maggie Thompson

7. Mother's Birthplace Colliott's Mills.

8. Full Name of Father Wm Dennis.

9. Father's Occupation Unknown.

10. Father's Birthplace Unknown.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr James Brown
#37 W. John St.

Mother and Child doing well.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

August 31st / 83.

152 N Carrollton St.

Margaret C. Kney.

Margaret C. Kneel.

Somerset Co. Md.

Edward G. Kneel.

Real Estate Broker.

Baltimore City.

John L. P. Kneel, M.D.

273 Lexington St.

30

RETURN OF A BIRTH

65714

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31 of Aug.

4. Place of Birth, (Street and Number) 25 S. E. Eager

5. Full Name of Mother, Caroline Simon

6. Mother's Maiden Name, Caroline Hoffman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Adam Simon

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

2nd
Female

White

Aug 21, 1883

Mattew Hope 141 W. Lombard

Jimmie Ray

DO
Maryland U.S.A.

Maryland U.S.A.

141 W. Lombard

Illegitimate

Printed and Stationed

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 31 August

4. Place of Birth, (Street and Number) 9 Low St.

5. Full Name of Mother, Esther Irving

6. Mother's Maiden Name, " Jackson

7. Mother's Birthplace, Virginia

8. Full Name of Father, Peter Irving

9. Father's Occupation, Cook

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Anna Allig

48 Holl and St.

Baltimore

RETURN OF A BIRTH

65717

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st and*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *31 of August*

4. Place of Birth, (Street and Number) *40 Carlton St*

5. Full Name of Mother, *Bertha Carter*

6. Mother's Maiden Name, *Bertha Loucas*

7. Mother's Birthplace, *Emmitsburg Md*

8. Full Name of Father, *Gasper Carter*

9. Father's Occupation, *a Drayman*

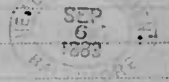
10. Mother's Birthplace, *Emmitsburg Md ~~Louisiana~~ ~~Louisville~~*

Name of Medical Attendant, or other Person who makes this Return

Lidia Lomerville

Address, *Clinton av*

Remarks,



the Registrar, immediately thereafter, it shall then become the duty of the parent or parents of such child to file a record of the birth of such child in the manner, and within the period, and at the place, and under the penalty, and subject to the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Baltimore



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 19 1893

4. Place of Birth, (Street and Number)

Denham St. No. 45

5. Full Name of Mother,

Anna Ligeurska

6. Mother's Maiden Name,

Anna Michael Ligeurska

7. Mother's Birthplace,

Worthing Baltimore C. B. & P. R.

8. Full Name of Father,

Frank Ligeurska

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

W. L. Schell

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 birth

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

West. 31 August

3. Date of Birth,

Hanover Md 421

4. Place of Birth, (Street and Number)

Anna Goldbeck

5. Full Name of Mother,

" " Glendon

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Gohan Goldbeck

8. Full Name of Father,

Baltimore

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Lebar of Street 1124

Address,

Remarks,

Marick

RETURN OF A BIRTH

64721

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 girl

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31 August

4. Place of Birth, (Street and Number)

Boston Str. No

5. Full Name of Mother,

Mari Brunner

6. Mother's Maiden Name,

" " Junges

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Georg Brunner

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Lombard Street No 248

Remarks,

Dr. B. B. B. B. B.

It shall be the duty of the practitioner of midwifery, or of the parent or parents of each child to report its birth to the Board of Health, in the manner, and at the time, and to a line of text dollars in each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 31, 1883

4. Place of Birth, (Street and Number)

444 E. Charles St.

5. Full Name of Mother,

Mary E. Walker

6. Mother's Maiden Name,

Lockman

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Geo. W. Walker

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, *251 N. Donagh St.*

Remarks,



RETURN OF A BIRTH

15724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

CGT
6
1883

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ... *Female*
 2. Race or Color, (if not of the white race) ... *Colored*
 3. Date of Birth, ... *Aug 31/83.*
 4. Place of Birth, (Street and Number) ... *Union St No 12*
 5. Full Name of Mother, ... *Mary M. Ward*
 6. Mother's Maiden Name, ... *Mary M. Smith*
 7. Mother's Birthplace, ... *Green Hill Ind*
 8. Full Name of Father, ... *George A. Ward*
 9. Father's Occupation, ... *Steward on Steamer Kent*
 10. Father's Birthplace, ... *Green Hill Ind*
- Name of Medical Attendant, or other Person who makes this Return ... *Celestine Cook*
- Address, ... *No 83 means alley*
- Remarks,

RETURN OF A BIRTH

65724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 31st 1883

4. Place of Birth, (Street and Number)

376 Aisquith

5. Full Name of Mother,

May J Cross

6. Mother's Maiden Name,

Johnston

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

F. J. Cross

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

W B Billingsley

Address,

286 E. Preston St

Remarks,

RETURN OF A BIRTH

65725

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT

4

1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second child

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug. 31/83

4. Place of Birth, (Street and Number)

117 N. Stricker St.

5. Full Name of Mother,

Catherine Scallinore

6. Mother's Maiden Name,

" Harby

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

J. S. Scallinore

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

117 S. Broadway

Remarks,

Signature, and the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH

65726

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT.
1
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return.

Address, ...

Remarks,

within the period above required, except in the case of the births and deaths of illegitimate children, and any person who thereafter fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 31st 1883

4. Place of Birth, (Street and Number)

98 Central Ave.

5. Full Name of Mother,

Glenn Baker

6. Mother's Maiden Name,

Wagner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Baker

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Wm. D. G. G. G. G.

Address,

4182 E. Main St. Port St.

Remarks,

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 31st 1883

4. Place of Birth, (Street and Number)

157 W. Frederick St.

5. Full Name of Mother,

Josephine Spink

6. Mother's Maiden Name,

Beck

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Spink

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Anna M. M. M. M.

Address,

182 E. Maryland St.

Remarks,

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 1, 1883.

4. Place of Birth, (Street and Number)

324 E. Chase St.

5. Full Name of Mother,

Ella Hines

6. Mother's Maiden Name,

Ella Baylis

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Henry C. Hines

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

J. H. Horck M.D.

Address,

75 E. Balt. 5th

Remarks,

any of the persons named in this return, or of a physician, or of a person who has been at the attendance of the mother, immediately upon the birth of the child, to report the birth of the child, and to file a copy of this return with the Registrar of Vital Statistics, within the period above required, except in the case of a child born to a person or persons who have been convicted of an offense under the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

7.5/3a

[illegible]

Remarks. *Yellow Pine, 21110*

SEP
Y 24
1883

NOTICE

**The succeeding documents
were received in the same
condition and microfilmed
as shown.**

**Every effort was made to
assure legibility and com-
pleteness.**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

21-1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 31, 1883

4. Place of Birth, (Street and Number)

1217 Frederick St.

5. Full Name of Mother,

Frederica Spindler

6. Mother's Maiden Name,

Beck

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Spindler

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Anna M. M. M.

Address,

1828 Maryland St.

Remarks,

This form is to be filled out by the Registrar of Vital Statistics, Baltimore City, and is to be filed in the office of the Registrar of Vital Statistics, Baltimore City, and is to be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

[illegible]

65, 2

111

22

Male

white.

September 1, 1883.

324 E. Chase St

Ella Hines

Olen Baylis

Mary Lind

Henry C. Hanes

Book after

Mary L. L. L.

L. H. Horck, Jun.

75 E Ball: 5⁴

120. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *14th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *First of September*

4. Place of Birth, (Street and Number) *70 Prince Street*

5. Full Name of Mother, *Rebecca Holmes*

6. Mother's Maiden Name, *Rebecca Grogins*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Thomas Myers*

9. Father's Occupation, *Quartermaster*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, *H. J. Guman*
or other Person who makes this Return

Address, *36 Madison Ave*

Remarks, *Infant died*

SEP
24
1883

specification of the parent or parents of each child to report its birth to the Board of Health, in the manner, and at the time, and to the person, hereinafter provided, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 1st 1883

4. Place of Birth, (Street and Number)

#187 E. Garden St.

5. Full Name of Mother,

Esther Stoff

6. Mother's Maiden Name,

Bathaupt

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Frederick Stoff

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Wm. Henry Stille, M.D.

Address,

#182 E. Monument St.

Remarks,

RETURN OF A BIRTH

65732

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

first of September

4. Place of Birth, (Street and Number)

28 N. Pine St.

5. Full Name of Mother,

Fannie Hoeck

6. Mother's Maiden Name,

Fannie LaRue

7. Mother's Birthplace,

Baltimore Md. D.

8. Full Name of Father,

George Ephraim Harick

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore Md. D.

Name of Medical Attendant, or other Person who makes this Return

Abner Dolan

Address,

111 W. Baltimore St.

Remarks,

65733

SEP
13
1883

should no other person be in at entrance upon the mother, immediate thereafter, it shall then become the duty of the parent or parents of such child to report to birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth or deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in no other fines and penalties recoverable.

Ferrare

1 September

62 Gough street

Lizzie Cademass

Webster

Baltimore

George Ladomass

Ship-carpenter

Baltimore

Arabi Casper

. E. Lombard street

CITY PRINTERS AND STATIONERS

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1 September 1883

4. Place of Birth, (Street and Number)

39 Burke St

5. Full Name of Mother,

Maggie Shrader

6. Mother's Maiden Name,

Maag

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Shrader

9. Father's Occupation,

Brush maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Wiley

Address, No 12 Patterson Park av

Remarks,

SEP
13
1883

RETURN OF A BIRTH

65735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP
19
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child.*

1. Sex, (state whether male or female)..... *Female.*

2. Race or Color, (if not of the white race)..... *White.*

3. Date of Birth,..... *Sept. 1st 1883.*

4. Place of Birth, (Street and Number)..... *519 E. Eager St.*

5. Full Name of Mother,..... *Agnes Keys.*

6. Mother's Maiden Name,..... *Braudecam.*

7. Mother's Birthplace,..... *Baltimore.*

8. Full Name of Father,..... *William Keys.*

9. Father's Occupation,..... *Laborer.*

10. Father's Birthplace,..... *Balto -*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*John H. White, M.D.
342 N. Broadway*

RECEIVED BY THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY, SEP 19 1883

any person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or informant of such child to report its birth to the Board of Health, in the manner, and within the period also required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment in the city jail for a term not exceeding thirty days, or both, at the discretion of the Board of Health, and such officers, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

name of the mother of such child or children.

RETURN OF A BIRTH,

61737

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh Same

1. Sex (state whether male or female)

Male,

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept. 1/83.

4. Place of Birth, (Street and Number)

87 Edmondson Ave.

5. Full Name of Mother

Martha A. Chewwith

6. Mother's Maiden Name

Marnison

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

A. R. Chewwith

9. Father's Occupation

Butter Dealer

Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

A. R. Fetterhoff

Address

205 W. Bidell St.

Remarks

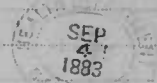
RETURN OF A BIRTH

65738

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first
female
colored



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September first - 1883
Baltimore 155 Pine St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

Minnie Williamson Howard
Galveston Texas

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Edw. H. Warm
258 Ridge St.

Address,

Remarks,

None

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 1st 1883*

4. Place of Birth, (Street and Number) *No. 121 Spring St*

5. Full Name of Mother, *Mar. no Husband*

6. Mother's Maiden Name, *Louise Gerger*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return *Sophie Simon*

Address, *704 Franklin St*

Remarks, _____

SEP
4
1883

name of the mother of such child or children.

RETURN OF A BIRTH.

65740

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Spins 6th & 7th*

1. Sex (state whether ~~male~~ or female)

Females

2. Race or Color (if not of the white race)

White

3. Date of Birth *5th 30th & 5th 18th P.M. 1st September, 1883.*

4. Place of Birth (Street and Number) *211 N. Laurel St - Baltimore, Maryland*

5. Full Name of Mother *Alida Kate Riley*

6. Mother's Maiden Name *Alida Kate Matthews*

7. Mother's Birthplace *Baltimore City, Maryland.*

8. Full Name of Father *Charles Ritchard Riley*

9. Father's Occupation *House & Sign Painter*

10. Father's Birthplace *Baltimore City, Maryland.*

Name of Medical Attendant, or other Person who makes this Return.

Wm A. Howard M.D.

Address

236 N. Howard St

Remarks

RETURN OF A BIRTH

15741

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Sept 12 1883

4. Place of Birth, (Street and Number)

733 Madison Ave Extended

5. Full Name of Mother,

Anna May Brundage

6. Mother's Maiden Name,

Anna May Dyden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W Burns Brundage

9. Father's Occupation,

Surgeon

10. Father's Birthplace,

Frederick

Name of Medical Attendant, or other Person who makes this Return

C Winslow M.D.

Address,

23 McClellan St

Remarks,

W. B. Brundage

RETURN OF A BIRTH

50742

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 1 1883
4. Place of Birth, (Street and Number) 62 Forest St
5. Full Name of Mother, Tertrude Hall
6. Mother's Maiden Name, Tertrude Churchill
7. Mother's Birthplace, Virginia
8. Full Name of Father, Andrew Hall
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, E. C. Baldwin

Address, 1221 N. Eyster St

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Florence Faith Ford

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether ~~Male~~ Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Apr. 17, 1883

4. Place of Birth (Street and Number)

145 E. Middle St.

5. Full Name of Mother

Laura Ford

6. Mother's Maiden Name

Laura Darling

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

John Ford

9. Father's Occupation

Engineer U. S. Navy

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who

John D. Thompson M.D.

Address

21 W. Calvert St. & Ready

Remarks

SIXTH NAME ADDED *2-16-54*

h.m.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

September 11 1883

#70 Eastern Ave

Rosa Indultario

Kempel

Italy

Joseph Indultario

Musician

Italy

Mrs Louise Kraft

236 Eastern Ave

should for other persons be in at a residence upon the mother's premises, it shall then become the duty of the mother to immediately thereupon report the birth to the Registrar of Vital Statistics, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars which offender, to be recovered as other fines and penalties are recoverable.

no other person be in attendance upon the mother immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period herein required, except in the case of the birth and death of illegitimate children, and no person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to any fine or penalty for each offense; it is hereby declared as other place and time shall be deemed convenient.

65745
Lipone Citra

4

Girl

White

1 Sept. 1883

Batte Eagles etc

M. Vacek

M. Stasna

Bahama

Paul H. Vach

Tailor

Bohemia

May Koplin

69 N. Washington St

Mary Lapin

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the seventh*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *September the first 1883*
4. Place of Birth (Street and Number) *Eastern Avenue No 473*
5. Full Name of Mother *Elizabeth Langley*
6. Mother's Maiden Name *Elizabeth Haumann*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *G M D Langley*
9. Father's Occupation *Teacher*
10. Father's Birthplace *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ann E Ball*
- Address *No 171 South Chester St*
- Remarks

condition, whether still born or not, the full name, matricity, age, sex, color, race, and name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1 September 1883

4. Place of Birth, (Street and Number)

Balto. N Washington No 119

5. Full Name of Mother,

Jenny Raum

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John. Raum

9. Father's Occupation,

Labour

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Koepflich

Address,

69 N Washington St

Remarks,

Mary Koepflich

Birth of any child shall occur without the attendance of a medical attendant, or other person who makes this Return, should be attended to by a medical attendant, or other person who makes this Return, within the period above specified, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or imprisonment for not more than thirty days, or both, at the discretion of the court.

RETURN OF A BIRTH

65748

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 1-1883

4. Place of Birth, (Street and Number)

82 Spring St.

5. Full Name of Mother,

Agnes B. McCullough

6. Mother's Maiden Name,

McCullough

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

James T. Bailey

9. Father's Occupation,

Upsholder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Stein

Address,

151 E Pratt St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

SEP
10
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

September 1. 1883

4. Place of Birth (Street and Number)

Fayette 2nd E of Chesler St

5. Full Name of Mother

Lizzie Peters

6. Mother's Maiden Name

Trailip

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Ernest Peters

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. H. Thomas M.D.

Address

66 E Baltimore St

Remarks

born, its or their physical condition, whether still born or not, the date of birth, the name of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White

Sept 10th 1883

104 York St

State Circle

" Corkannon

Baltimore

John Conly

Fireman

Ireland

Theodore Cooke M.D.

146 Hanover St

Birth of any child shall occur without the attendance of a physician, and no other person be in at distance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to report to the Board of Health, in the manner, and within the time, and under the penalty, provided in the Act relating to the registration of births, and the person so attending, shall be liable to a fine of ten dollars, or to imprisonment for a term not exceeding thirty days, or to both such fine and imprisonment, at the discretion of the Court, in each case, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

65751

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of which return is required

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fourth

NOV
10
1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 2, 1880

4. Place of Birth, (Street and Number)

624 W. Lombard

5. Full Name of Mother,

Mother E. Danty

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

James Frederick Danty

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Hammond

Name of Medical Attendant, or other Person who makes this Return

John Howard

Address,

322 Hollins St.

Remarks,

Fin. Balm

RETURN OF A BIRTH

657/2

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT
11
1883

of the parents, and the maiden name of the mother of such child or children.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2nd Sept 83
4. Place of Birth, (Street and Number) 28 German St
5. Full Name of Mother, Mary Sweet
6. Mother's Maiden Name, Fuller
7. Mother's Birthplace, Petersburg Va
8. Full Name of Father, Wm Sweet
9. Father's Occupation, carriage maker
10. Father's Birthplace, Princeton Ind Va
- Name of Medical Attendant, or other Person who makes this Return. Dr. Wm. C. Brown
- Address, Box 1121 8th St
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 28

4. Place of Birth, (Street and Number)

88 Pariah St.

5. Full Name of Mother,

Lizzie Cole

6. Mother's Maiden Name,

Heine

7. Mother's Birthplace,

Howard Co

8. Full Name of Father,

Thomas Cole

9. Father's Occupation,

Market Basket

Father's Birthplace,

Hardford Co

Name of Medical Attendant, or other Person who makes this Return

Miller Blake

Address,

53 Center St

Remarks,

Healthy

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

65752

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

"The Registrar of the mother of each child or children."

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *Sept 2nd 1883*
- Place of Birth, (Street and Number) *68 North ave*
- Full Name of Mother, *Jennie Raphael*
- Mother's Maiden Name, *Jennie Smith*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Frank Raphael*
- Father's Occupation, *Shoe Maker*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Miss A. J. J. J. J.*
- Address, *345 E. Second ave*
- Remarks,

with or any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should in any person be attended upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period already required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall otherwise fail to comply with the provisions of a section shall be subject to a fine of ten dollars, or such offense, to be recovered as other times and occasions may be available, in a line of ten dollars.

11/15/55

SEP.
28
1952

Female

White.

White
September 2nd

280 East Wisconsin St -

Mary E Morrow

Mary E Aubrey

Baltimore City

John F. Morrow

Plasterer

Baltimore City

Isabell Oliver

Eden, St South of Monmouth -

Remarks:

any child shall occur without the attendance of every month to the Board of Health. In case the child is born at any other place, the parent or person in charge of the child shall immediately report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars or each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 2 September

4. Place of Birth, (Street and Number) 8 Market-square

5. Full Name of Mother, Mary Price

6. Mother's Maiden Name, Melch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Price

9. Father's Occupation, Seaman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 22. E. Lombard street

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

7
Male

W

Sept 2nd 1883

139 Scott St

State Sticklen

" Poulton

City

Edward Sticklen

Can Maker

Pinna

Wood Blake

158, Spruce St

name of the mother of such child or children.

RETURN OF A BIRTH.

15/58

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (~~state whether male or female~~)

2. Race or Color (~~if not~~ of the white race)

3. Date of Birth 9.2.83

4. Place of Birth (Street and Number) 356 W Pratt St

5. Full Name of Mother Margaret Wisman

6. Mother's Maiden Name Wiest

7. Mother's Birthplace Balto

8. Full Name of Father Geo Wisman

9. Father's Occupation Printer

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. W. H. Vashman

Address Natural

Remarks 349 Lerch

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

2 Sept 1882

4. Place of Birth, (Street and Number)

Baltimore Chow St No 132

5. Full Name of Mother.

Kate Scollacek

6. Mother's Maiden Name.

Kate Horvath

7. Mother's Birthplace.

Bohemia

8. Full Name of Father.

Jos. Scollacek

9. Father's Occupation.

Musicians

10. Father's Birthplace.

Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Scollacek

Address.

69 N Washington

Remarks.

Mary Scollacek

Any person who neglects to file this return, or who files a false return, or who files a return after the expiration of the time prescribed by law, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

65761

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
6
1885

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 2nd 1885

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

Bertie Smith

7. Mother's Birthplace, ..

Mo. d.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Sisters of Charity

Address,

Remarks,

THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, BALTIMORE CITY

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth, in the level of Health, in this minute, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offender, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

SEP.
6
1883

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

September the 2th

4. Place of Birth, (Street and Number)

Baltimore Hubbard St No 12

5. Full Name of Mother,

Ann Oliver

6. Mother's Maiden Name,

Fogler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Oliver

9. Father's Occupation,

labour

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Hathorn

Address,

William St No 342

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. ⁶⁵⁷⁶²

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 Sept. 1882

4. Place of Birth, (Street and Number) Balta Duncan Alley. No 42

5. Full Name of Mother, Anna Leclinska

6. Mother's Maiden Name, Anna Bobata

7. Mother's Birthplace, Bohemia

8. Full Name of Father, J. Leclinska

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, Mary. Olschick or other Person who makes this Return

Address, 69 N Washington St

Remarks, Mary. Olschick

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall be the duty of the parent or parents of such child to report its birth, to the Registrar of Vital Statistics, within the period above required, and if they fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

Illinois, all whose persons be in at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who shall neglect to comply with the provisions of this section shall be subject to a fine of not less than five dollars, nor more than ten dollars, and to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

65/63
3
Female

September 2nd
710. S. Anne St.
Martha Bernmann

Braun
Baltimore
Carl Bernmann
Coburn
Baltimore

Dr. Louis K. Rapp
236 Canton Ave

17 65/66

SEP
11
1953

Final

- Remarks.

1. *Chama*

236 Canton Ave.

Remarks.

1771 CRYPTANS AND STATIONERS

RETURN OF A BIRTH

65765

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 2 September

4. Place of Birth, (Street and Number) 421 Gay St

5. Full Name of Mother, Lizzie Ullmann

6. Mother's Maiden Name, " Millhauser

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Samuel Ullmann

9. Father's Occupation, Shoe Store

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Ullberg

Address,

48 E. Calhoun St

Remarks,

Ba C

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

607766
The first child
male No. 1, Heart, South.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Born Sunday Sept. 2nd
Margaret Monaghan
Maiden name Monaghan
Island James Monaghan
Mornington, Island

Sarah Casper

James M. Sims M.D.

13 Reformers St / St. Vincent Cemetery, Lombard

Died the 7th Sept. of Convulsions

RETURN OF A BIRTH

65767

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 2nd

4. Place of Birth, (Street and Number)

138 S. Dallas st.

5. Full Name of Mother,

Matilda Meyer

6. Mother's Maiden Name,

" Koelking

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Meyer

9. Father's Occupation,

Driver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

J. L. Buddenbahr M.D.

Address,

166 S. J. Pace st.

Remarks,

Signature of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 2, 83

4. Place of Birth, (Street and Number)

No 7 Stockton all

5. Full Name of Mother,

Mary Brightman

6. Mother's Maiden Name,

Wilson

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George Brightman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Massachusetts

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Pratt

Address,

10 Carlton St

Remarks,

It shall then become the duty of the Registrar to record the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

65769

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 25 1883*

4. Place of Birth, (Street and Number) *325 Cathedral St Baltimore*

5. Full Name of Mother, *Sarah H. Smith*

6. Mother's Maiden Name, *Sarah D. Miller*

7. Mother's Birthplace, *Spotsylvania County Va*

8. Full Name of Father, *Christian H. Smith*

9. Father's Occupation, *Black Coal Miner*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return. *Virginia Miller*

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 2*

4. Place of Birth, (Street and Number) *No. 38 Gough St*

5. Full Name of Mother, *Mrs. Jennie P. Beard*

6. Mother's Maiden Name, *Egyptian*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Beard*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs. G. K.*

Address, *No. 12 W Bond St*

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of each child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

SEP
10
1883

Male
White

Sept 2nd 1883

114 Johnson

Clara J. Humphreys

" " Cotton

Baltimore

Clara Humphreys

Flour Blower

Free Jersey

Thornton Cooke M.D.

per A. B.

shall be liable to be removed from the office of Registrar of Vital Statistics, Board of Health, Baltimore City, if it shall be found that he has neglected his duty of the parent or parents of such child to register its birth to the Board of Health, in the manner, and within the time, and under the penalty, provided for in the Act relating to the registration of births, and to a fine of not less than \$10 nor more than \$50, or to imprisonment for not less than 10 days nor more than 30 days, or to both such fine and imprisonment, for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH, 657/2

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Sep 2 1883

4. Place of Birth, (Street and Number) 422 Layette st.

5. Full Name of Mother Hannah Fowler

6. Mother's Maiden Name Hannah Short

7. Mother's Birthplace Baltimore

8. Full Name of Father Lemuel Fowler

9. Father's Occupation Car maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Conner 153

Address Collington and

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First (1st)*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 25, 1883*

4. Place of Birth, (Street and Number) *No 42 N Broadway*

5. Full Name of Mother, *Mrs Stella Mary Wiman*

6. Mother's Maiden Name, *Miss Stella Mary Gibson*

7. Mother's Birthplace, *Somerset County, Maryland*

8. Full Name of Father, *Mr. George Samuel Wiman*

9. Father's Occupation, *Plan Maker*

10. Father's Birthplace, *Somerset County, Md.*

Name of Medical Attendant, or other Person who makes this Return *Wm. H. Christian, M.D.*

Address, *20 102 N Broadway*

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

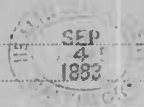
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

60775

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
4
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2nd. September 1893

4. Place of Birth, (Street and Number)

Potomac street canton

5. Full Name of Mother,

Sarah Goodwin

6. Mother's Maiden Name,

Sarah Gann

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

William C. Goodwin

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Potomac County

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah Sullens

Address,

124 Curley street canton

Remarks,

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept. 2. 1883

4. Place of Birth, (Street and Number)

Grimie Louisa Horstman 105 Pearl St.

5. Full Name of Mother,

Grimie Louisa Horstman

6. Mother's Maiden Name,

Martens

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry A. Horstman

9. Father's Occupation,

laborer

Father's Birthplace,

Baltimore

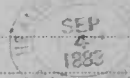
Name of Medical Attendant, or other Person who makes this Return

Marbury Brown M.D.

Address,

68 N. Calhoun St.

Remarks.



of the parents, and the maiden name of the mother of such child or children."

[illegible]

SEP 3 1883

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

2d September

4. Place of Birth, (Street and Number)

115 Pine St

5. Full Name of Mother,

Melia Dansey

6. Mother's Maiden Name,

Melia Hart

7. Mother's Birthplace,

Maryland County

8. Full Name of Father,

Frank Persing

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore Md

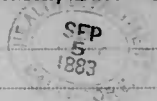
Name of Medical Attendant, or other Person who makes this Return

Charlton Proctor

Address,

Midway No 10 Carlton St Balto.

Remarks,

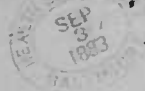


In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or of the person or persons so attending, to report the birth of such child, and to file a return thereon, with this office, within the time specified in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of such act, or who shall offend, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

65779

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 2 1883

4. Place of Birth, (Street and Number) 62 Front st

5. Full Name of Mother, Mary Spangler

6. Mother's Maiden Name, Mary Sittling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Spangler

9. Father's Occupation, Sailor

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who make this Return. E. C. Baltimore

Address, 124 N Eyster st

Remarks,

State, as of each payment received, whether received of the mother or of the father, and the maiden name of the mother of such child or children.

65712

OCT
9
1992

6

- Fernando

- White

- September 31 1883

- #2 McMechen Ct

- Annex Robinson

- Auntie Emma,

- Reaction —

- W Leath Robinson

- Chemical

- Всеподобие

[illegible]

12th November 18

PRINTING AND STATIONERY

part of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of that person or persons of such child to report forthwith to the Board of Health, the manner, and place, and time of such death, and shall be liable to a fine of not less than five dollars, nor more than twenty dollars, for each offense, to be recovered as other laws and penal provisions shall require, and the question shall be settled by the Board of Health.

11
1571

first Child

Mah

21/11

3rd of September

No. 1767 N. Pratt st

Adell, Rosenthal

Adell Marley

Baltimore

Fredrick William Rosenthal

Butter Dealer

Baltimore

or other Person who makes this Return Mrs. Lindner

45 South Monroe St

• CITY CHIEF OF POLICE AND STATISTICS.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 3, 1889

4. Place of Birth, (Street and Number)

26 Arisquitte St

5. Full Name of Mother,

Jennie S. Gill

6. Mother's Maiden Name,

Jennie S. Shields

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Henry May Gill

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

D. H. Honck M.D.

Address,

75 E. Balt. St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in those cases of stillbirths and deaths of children which are subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

SEP
24
1883

to the Board of Health, in the manner, and well in the period above required, except in the cases of the births and deaths of illegitimate children, and to a fine of ten dollars for each officer, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 2nd 1885

4. Place of Birth, (Street and Number)

#12 E. Stirling St.

5. Full Name of Mother,

Mary Winkler

6. Mother's Maiden Name,

Burgess

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Joseph Winkler

9. Father's Occupation,

Cather

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return

Dr. James McIlhenny

Address,

182 E. Main St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 September

4. Place of Birth, (Street and Number), 84 Leadenhall St. Baltimore

5. Full Name of Mother, Katie Schwemmer

6. Mother's Maiden Name, Katie Gardner

7. Mother's Birthplace, Germania

8. Full Name of Father, Christian Schwemmer

9. Father's Occupation, Painter

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return Prof. M. W. M. M. M.

Address, 1 Second Street

Remarks,

Birth, any child shall occur without the attendance of a physician or of a practitioner of midwifery, or of a nurse, or of a person authorized by law to perform such duty, or of the parent or parents of such child to cause its birth to be registered in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First* -
 1. Sex (state whether Male or Female) *Male*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *Thursday Sept 13th 83*
 4. Place of Birth (Street and Number) *42 Lafayette St*
 5. Full Name of Mother *Ellen Ritchard*
 6. Mother's Maiden Name *Ellen Harris*
 7. Mother's Birthplace *~~Baltimore~~ Norfolk Va.*
 8. Full Name of Father *James Ritchard*
 9. Father's Occupation *Confectioner*
 10. Father's Birthplace *Wilmington Delaware*
 Name of Medical Attendant, or other Person who makes this Return. *Dr. M. L. Dr. D.*
 Address *51. 26 Calvert St -*
 Remarks *Baltimore*
Med.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

65788

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV
10
1883

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male
White

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 3, 1883

4. Place of Birth, (Street and Number)

403 McHenry
Lavina Burns

5. Full Name of Mother,

Watkins

6. Mother's Maiden Name,

Montgomery Co. Md

7. Mother's Birthplace,

8. Full Name of Father,

Geo. W. Burns

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Montgomery Co. Md.

Name of Medical Attendant, or other Person who makes this Return

John H. H. H.
322 Hollins St.

Address,

Remarks,

Physic and condition good

Birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the person so attending, to report to the Board of Health, in the manner, and within the period, and under the penalties, provided in this act, and any person or persons who shall offend, shall be liable to a fine of ten dollars, and each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 3rd 1883

4. Place of Birth, (Street and Number) 42 East street

5. Full Name of Mother, Eora Lodson

6. Mother's Maiden Name, Eora Williams

7. Mother's Birthplace, Cambridge Md.

8. Full Name of Father, Charles Williams

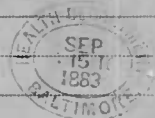
9. Father's Occupation, Waiter

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return Narriet Jackson

Address, 5 Forest street.

Remarks,



birth of any child shall occur without the attendance of a physician or of a registered midwife, or should no other person be in attendance upon the mother and her child, then it shall then become the duty of the parent or parents to report the birth to the Board of Health, in the manner, and within the time prescribed, except in the cases of the births and deaths of illegitimate children, and in the case of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

11
65791
Limerick City

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 of September

4. Place of Birth, (Street and Number) 134 Madison College

5. Full Name of Mother, Hatke Helen

6. Mother's Maiden Name, Goetz

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, Max Helm

9. Father's Occupation, *Labeler*

10. Father's Birthplace: *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *E. Lehmann*

Name of Institution, University of Illinois makes this record.

Address, 54 Essex St.

Address.	State.	City.	County.	Country.
Remarks.	<div style="text-align: right;">Continued</div>			

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Full name: *Elmer B. Kraus*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) _____

Male

2. Race or Color, (if not of the white race) _____

White

3. Date of Birth, _____

September 3rd 1883

4. Place of Birth, (Street and Number) _____

101 S. Caroline St Baltimore

5. Full Name of Mother, _____

Mary Ellen (Kraus) Kraus

6. Mother's Maiden Name, _____

Sherry

7. Mother's Birthplace, _____

Baltimore

8. Full Name of Father, _____

William Joe Joseph (Kraus)

9. Father's Occupation, _____

Barber

10. Father's Birthplace, _____

Stevenson County Treport Illinois

Name of Medical Attendant, or other Person who makes this Return

Mrs Hannah Sherry

Address, _____

136 S. Caroline St.

Remarks, _____

SEP
19
1883

should no other person be in at, unless upon the mother, immediately thereafter. It shall then become the duty of the person or persons who shall be present at the birth, to report the same to the Registrar of Health, in the manner, and within the period above required, except in the cases of the births of still-born children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH

65792

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

SEP
19
1893

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child.*

1. Sex, (state whether male or female) ..

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth, ...

Aug. 3rd. 1893.

4. Place of Birth, (Street and Number)

315 Eager St.

5. Full Name of Mother,

Charlotte Nash.

6. Mother's Maiden Name,

Temple.

7. Mother's Birthplace,

Virginia.

8. Full Name of Father,

John T. Nash.

9. Father's Occupation,

Laborer.

10. Father's Birthplace,

Virginia.

Name of Medical Attendant, or other Person who makes this Return.

Sam H. White, M.D.

Address,

342 N. Broadway.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to return to the Board of Health, in the manner, and within the period above required, except in the case of the mother, who shall be exempted from such duty, any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, and be deemed to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 21 1892

4. Place of Birth, (Street and Number)

11 Portland St 75

5. Full Name of Mother,

Emma Hernandez

6. Mother's Maiden Name,

Sanchez

7. Mother's Birthplace,

Cuba

8. Full Name of Father,

Agustin Hernandez

9. Father's Occupation,

Driver

10. Father's Birthplace,

Hessendornstad

Name of Medical Attendant, or other Person who makes this Return

Wm. H. H.

Address,

222 E. Euter St.

Remarks,

RETURN OF A BIRTH

65794

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Sept 3rd 1888

4. Place of Birth, (Street and Number)

192 Mount St

5. Full Name of Mother,

Ora Isabel Black

6. Mother's Maiden Name,

Ora Isabel Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank M. Black

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

C Winslow MD

Address,

23 McCulloch St

Remarks,

RETURN OF A BIRTH, 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 3^d 1883
4. Place of Birth, (Street and Number) 21 Parkin St.
5. Full Name of Mother Mary Sumner
6. Mother's Maiden Name Bender
7. Mother's Birthplace Baltimore, Md.
8. Full Name of Father Charles J. Sumner
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore, Md.
- Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.
- Address 5 Franklin St.
- Remarks _____

name of the mother of such child or children.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 Sept 1883
4. Place of Birth, (Street and Number) Baltic, Gurborn st No 322
5. Full Name of Mother, M. Pletka
6. Mother's Maiden Name, Mr. Basarceli
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Pletka
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return Mary Koplik
- Address, 89 N Washington st
- Remarks, Mary Koplik

should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 8 September

4. Place of Birth, (Street and Number) 106 Orleans St

5. Full Name of Mother, Emma Hann

6. Mother's Maiden Name, " Melcher

7. Mother's Birthplace, Baden

8. Full Name of Father, Albert Hann

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs Rosa Kelly

48 Hollands St

Balt.

SEP
6
1893

RETURN OF A BIRTH

65795

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 89

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3 September

4. Place of Birth, (Street and Number) 73 Holland St

5. Full Name of Mother, Barbara Peppler

6. Mother's Maiden Name, " Beecher

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Henry Peppler

9. Father's Occupation, Trunk maker

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return

Mrs Rosa Ulbig

Address,

48 Holland St

Remarks,

Balt

RETURN OF A BIRTH,

65799

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth September 3rd 1883

4. Place of Birth, (Street and Number) # 29. Wausche St.

5. Full Name of Mother Rosa A. Howard

6. Mother's Maiden Name Rosa A. Kemp

7. Mother's Birthplace Norfolk Virginia

8. Full Name of Father Shadrach T. Howard

9. Father's Occupation Waiter

Father's Birthplace Richmond, Va.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary E. Wallace.

Address # 113. Reelberg Street.

Remarks born alive and in good health.

name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

65100

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Coke
3. Date of Birth Sept 3rd
4. Place of Birth (Street and Number) No 3 Ivy atly
5. Full Name of Mother Laura Thomas
6. Mother's Maiden Name Batho
7. Mother's Birthplace Batho
8. Full Name of Father —
9. Father's Occupation —
10. Father's Birthplace —
Name of Medical Attendant, or other Person who makes this Return. Jane D. Easton
Address 17 Hamilton St
Remarks

RETURN OF A BIRTH

15801

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) 1 male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, September 3 1883
 4. Place of Birth, (Street and Number) 64 Parish St Bal
 5. Full Name of Mother, Minney Baylis
 6. Mother's Maiden Name, Minney Jaeger
 7. Mother's Birthplace, Washington
 8. Full Name of Father, John W Baylis
 9. Father's Occupation, Moulder
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, Mrs S Kelley
 Address, 792 Pratt St Bal
 Remarks,

birth of any child, which except without the attendance of a physician, shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3rd September 1883*
4. Place of Birth, (Street and Number) *No 9 Marshal st*
5. Full Name of Mother, *Lathern Hecker*
6. Mother's Maiden Name, *Lathern Schier*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Hecker*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return *Lathrine Horning*
- Address, *No 18 Byrd St.*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

8th

Female

White

Sept. 3rd 1883

Baltimore Bartlett St. N^o. 24

Sarah Howard

Barnes

Baltimore

John Howard

Barber

Baltimore

Mrs. C. Mitchell

N^o. 58 Parkin St

SEP
10
1883

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

September 3d

4. Place of Birth, (Street and Number)

no 15 vane st

5. Full Name of Mother,

jenet e roberts

6. Mother's Maiden Name,

jenet e roberts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

richard r blake

9. Father's Occupation,

labour

10. Father's Birthplace,

colbert county

Name of Medical Attendant, or other person who makes this Return

mas Lydia Porter

Address,

no 4 patheco avenue

Remarks,

healthy child

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *September 3d*
4. Place of Birth, (Street and Number) *no 30 welcomally*
5. Full Name of Mother, *Josephine estep*
6. Mother's Maiden Name, *Josephine estep*
7. Mother's Birthplace, *annae. rundle county*
8. Full Name of Father, *Samuel Green*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *prince george county*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Lydia Porter*
- Address *healthy child*
- Remarks *no 4 haptscow avenue*

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

15806

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

OCT
9
1922

Female

White

Sept. 4th 1883

443 Madison St

Lillian Cassen

Lillian Cassen

Baltimore

Mr R Miller

Merchant

Baltimore

Dr. M. L. L. L. L.

724 W. Lombard St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 4th 1883

4. Place of Birth, (Street and Number)

158 Block St

5. Full Name of Mother,

Maggie Linpert

6. Mother's Maiden Name,

Maggie Fitzpatrick

7. Mother's Birthplace,

City

8. Full Name of Father,

Fred. Linpert

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth J. J. J.

Address,

121 Bank St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not less than \$5 nor more than \$10, or to imprisonment for not less than 10 nor more than 30 days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept 4th 1883*

4. Place of Birth, (Street and Number) *152 Clough Str*

5. Full Name of Mother, *Anna Carr*

6. Mother's Maiden Name, *Jayles*

7. Mother's Birthplace, *Annapolis*

8. Full Name of Father, *William Carr*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *Mrs Elizabeth H. Hasty*

Address, *120 Bank Str*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *10th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *Colored*
 3. Date of Birth *Sept 4th 1883*
 4. Place of Birth (Street and Number) *No 25 Barry Street*
 5. Full Name of Mother *Mrs Mary Elizabeth Ridgeway*
 6. Mother's Maiden Name *Deward*
 7. Mother's Birthplace *Baltimore Md*
 8. Full Name of Father *Cornelius Ridgeway*
 9. Father's Occupation *Public dray man*
 10. Father's Birthplace *Baltimore Md*
 Name of Medical Attendant, or other Person who makes this Return. *Fane Baker*
 Address
 Remarks

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of such person to report its birth to the Registrar of Health, in the manner, and within the period above prescribed, and in the case of any person who shall neglect to do so, or who shall hereafter fail to comply with the provisions of this act, he shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 4th 1883

4. Place of Birth, (Street and Number)

No 411. E. Madison

5. Full Name of Mother,

Lousier Rosenberg

6. Mother's Maiden Name,

" Sann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Frank Rosenberg

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Josephina Ronsand

Address,

No 20. Barnes Str

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Sept 14th

5. Place of Birth, (Street and Number)

421 Hanover St

6. Full Name of Mother,

Ann E. Rollman

7. Mother's Maiden Name,

" " Said

8. Mother's Birthplace,

Dorchester County

9. Full Name of Father,

Chas Rollman

10. Father's Occupation,

Wagon Driver

11. Father's Birthplace,

Lancaster

Name of Medical Attendant, or other Person who makes this Return

J. A. Burch M.D.

Address,

151 Hanover St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4: 88
4. Place of Birth, (Street and Number) 177 Bane st
5. Full Name of Mother, Mary Pitcher
6. Mother's Maiden Name, " Humphrey
7. Mother's Birthplace, Ann Arundel Co
8. Full Name of Father, John Pitcher
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Ann Arundel Co
- Name of Medical Attendant, or other Person who makes this Return D. C. Williams
- Address, 241 Mad. Ave
- Remarks, _____

In case the attendance of a physician, or of a practitioner of midwifery, or of a person licensed to receive the child, is required, it shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this act, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 4 September 1883

4. Place of Birth, (Street and Number) 534 Canton av

5. Full Name of Mother, Catharine Oppen

6. Mother's Maiden Name, Meinspiner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henry Oppen

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, c/o 12 Patterson Park av

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 4, 1883

4. Place of Birth, (Street and Number) Baltimore 231 S. Eutaw street

5. Full Name of Mother, Sara Pomeroy

6. Mother's Maiden Name, Laura Chandler

7. Mother's Birthplace, Eastern Shore Virginia

8. Full Name of Father, Henry Pomeroy

9. Father's Occupation, Drayman

10. Father's Birthplace, Eastern shore Virginia

Name of Medical Attendant, or other Person who makes this Return Mellie Gross

Address, No 12 Plum Alley

Remarks,

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period also required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st) SEP. 6 1883

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 1st, 1883

4. Place of Birth, (Street and Number)

No. 206 N. Eden Street

5. Full Name of Mother,

Mrs. Jane Eliza Carter

6. Mother's Maiden Name,

Miss Jane Eliza Welley

7. Mother's Birthplace,

St. Mary's County, Md.

8. Full Name of Father,

Mr. James Thomas Carter

9. Father's Occupation,

Dinner

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return

William C. Cleverly, M.D.

Address,

No 107 N Broadway

Remarks,

RETURN OF A BIRTH

65816

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 4th

4. Place of Birth, (Street and Number)

St. Vincent's Inf. Asylum

5. Full Name of Mother,

6. Mother's Maiden Name,

Anna Sullivan

7. Mother's Birthplace,

Ir

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Charles

Address,

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and of persons who shall otherwise fail to comply with the provisions of this section shall be subject to a fine of not more than \$100, and such offense, to be recovered as with other fines and penalties herein provided, shall be deemed to be a misdemeanor.

Baltimore City

301/8

- Name of Medical Attendant, or other Person who makes this Return *Harry E. Miller*
Address, *V. Dallas A. 16226*

or other Person who
makes this Return

Harry E. Miller

STATION NO.



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6th DAY Nov.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #6186.6 AND
ENDING WITH #65817 ARE AC-
CULATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McPaul



END OF REEL